



CHANGE OF NAME FORM

Current Student Information:

Former Name: _____

FIDN: _____

Name Change To: _____

DOB: (MM) ____ (DD) ____

Fordham Email: _____

School Attending/Attended: _____

Years of Attendance: From _____ to _____ Current Student

REGULATIONS GOVERNING NAME CHANGES:

1. Along with this Change of Name request form, for security identification protection, you **MUST** provide two legal original documents as proof that your name has changed.
2. If documents are copies, you must have them notarized prior to sending this request to Academic Records
3. To complete your Change of Name request, you must present this form and two valid documents as described above either in persons or by mail.
4. Change of Name request are typically processed within 3-7 business days; however, during busy seasons, such as during examinations, commencement, or registration, there may be delays.

Eligible Documents for Change of Name Request include but are not limited to: Court Documents, Birth Certificates, Social Security Cards, Passports, Marriage Certificates, Divorce Documents, etc.

Notice: This form is strictly for name changes pertaining to academic and enrollment documentation, including academic transcripts.

For employees, please refer to Human Resources for name change process.
For alumni, please contact the Office of Alumni Relations at 212-636-6520.

Please send completed form **and proof** to:

Rose Hill

Office of Academic Records
441 E. Fordham Rd., Thebaud Hall
Bronx, NY 10458

Lincoln Center

Office of Academic Records
113 W. 60th Street, Floor 2 Room #215
New York, NY 10023

Acknowledgement and Signature:

I confirm the accuracy of the Name Change indicated above. I have provided two compliant forms of identification that can be used to confirm this name change.

Signature: _____ Date: _____

Office Use Only: Identification Proof Provided Banner Scan to OnBase Forward to OIS (if applicable)

Processed By: _____