



Official Name Change Form

INSTRUCTIONS: This form is to be submitted by the student to declare a change of name for academic record purposes. Original or certified copy of official legal documentation must be submitted along with this form. Please allow five business days for processing of a name change.

REQUIRED DOCUMENTATION – Please select from the following and submit original or certified copy of legal documentation that shows your new name. Please check one of the following. A copy will be made of your original document and the original will be returned to you.

- Valid driver’s license bearing a photogram of the person
- Marriage certificate and photo ID
- Certified record of divorce and photo ID
- Per FAFSA result (ISIR), name passed database matches with SSN and DOB
- Certified court order and photo ID
- Valid unexpired U.S. Passport issued in your new name
- Wisconsin ID card issued under 343.50, bearing a photograph of the person
- Armed forces of the U.S. ID card issued to military personnel (Access Card of DD Form 2)

STUDENT INFORMATION:

Student ID _____ Date of Birth _____

CURRENT Name on Record:

Last _____ First _____ Middle _____ Suffix (e.g., Jr., II)

NEW Name:

Last _____ First _____ Middle _____ Suffix (e.g., Jr., II)

Address _____

City _____ State _____ Zip Code _____ Telephone _____

By signing, I certify that this declaration is made for purposes of my future academic record and that I intend to use this name consistently at Lakeshore Technical College commencing this date for things such as official transcripts, financial aid, student identification, and student employment documents. I acknowledge that the College will not modify existing academic records to reflect this change.

Signature _____ Date _____

Please sign and submit your completed form and required documentation in-person to the Student Services counter, Lakeshore Building, or submit by mail to address below. This form is not accepted by fax or email.

**Address: Student Services
Lakeshore Technical College
1290 North Avenue
Cleveland, WI 53015**

Please allow five business days for processing of a name change.

For assistance with this form, submit a question to studentinfo.studentinfo@gotoltc.edu or call 920-693-1109.

Administrative Use Only:

Staff Name _____ Date Processed _____

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