

Villanova University

Name/ID Change

Please print and sign this form, then mail or email it to the Office of the Registrar. Be sure to include photocopies of appropriate proof of identification.

Previous Name (*First, Middle, Last*): _____

New Name (*First, Middle, Last*): _____

Reason for name change:

- Certified Court Order
- Marriage (date: _____)
- Divorce decree (date: _____)

Previous Social Security Number: _____ - _____ - _____

New Social Security Number: _____ - _____ - _____

Proof Provided:

- Driver's License
- Birth Certificate
- Passport
- Social Security Card (required for SSN change)
- Certified Court Order

I hereby verify that the information that I have provided is true and correct.

Signature: _____ Date: _____
