



UNIVERSITY OF HOLY CROSS

Office of the Registrar - 4123 Woodland Drive, New Orleans, LA 70131
(504) 398-2235 - registrar@uhcno.edu

CHANGE OF NAME

- You must provide official documentation: copy of marriage license, divorce decree or court document only.
- A copy of a driver's license is not a valid form of identification for a name change.

Name: _____
Last First M.I.

Date of Birth: _____ Student ID: 000 - _____ - _____

Phone: _____ Email: _____

Reason for name change: Adoption Divorce Marriage Preference Previous Name

New Name: *Write name EXACTLY as you want it to appear on your academic record*

First Middle Last

Student's Signature

Date

REGISTRAR'S OFFICE USE ONLY:

Processed by

Date