

Change of Name Affidavit

Please **TYPE** or **PRINT** data through item #2.

I, _____, being first duly sworn upon oath, depose and state as follows:

1. That my previous legal name was _____
First Middle Last
2. That in compliance with any and all applicable state laws I have legally and officially changed my name to _____ as of _____
First Middle Last Month/Day/Year
3. That I hereby request Regis University to officially change all my academic and administrative records to reflect the name change specified in #2 above.
4. I agree to save, hold harmless, and indemnify Regis University against any loss or damage it may suffer as a result of compliance with my request.

Student ID # _____ OR SS # _____

Student/Alum Signature Month/Day/Year

NOTARY VERIFICATION – Required for all name changes made via the mail or when a photo ID is not available for personal identification by a Regis University employee.

Please submit the ORIGINAL notarized form. We cannot accept faxed affidavits.

The foregoing statement was acknowledged before me on the _____ day of _____, 20 ____

Witness my hand and official seal.

My commission expires _____

Notary Public Signature

NOTARY VERIFICATION WAIVER - A photocopy ID verifying the identity of the requestor was presented to a Regis University Employee.

Employee Signature/Department / Month/Day/Year