

Change of Name



CONCORDIA
UNIVERSITY
CHICAGO

IF YOU ARE A FACULTY MEMBER OR STAFF MEMBER OF THE UNIVERSITY,
PLEASE CHANGE YOUR NAME THROUGH **HUMAN RESOURCES**. DO NOT USE
THIS FORM.

Please fill out the information below and attach a copy of one of the following:

- 1) A photocopy of your marriage certificate
- 2) A photocopy of the page of divorce decree that states you can take back your maiden name

(All of this information is requested to verify that we find the correct records.)

Name: _____

SSN: _____

Any previous names: _____

Address: _____

City, State, ZIP: _____

I am a Current Student Alumni, Year of Graduation _____ Other

➤ Signature: _____ Date: _____