NAME/GENDER/ADDRESS CHANGE FORM

Name:	Last date of attendance at Eastern:
Signature:	E#:(If E# is unknown please provide date of birth)
	(ii E# is unknown please provide date of birtir)
	NAME CHANGE
following documents : Certified copy of a map assport, Official proof of identity, certified by t	on your official academic record, you will need to present to our office one of the arriage license, Court order, Dissolution decree reflecting the new name in full, Current the United States' embassy abroad or by the appropriate foreign embassy al Security Card plus a state or federal photo ID both showing new name.
Name currently on records:	
Name as you want it on your records:(20 letters and spaces maximum)	
ALL former names:	
(including any nicknames you may have us	
Maiden name:	
Circle one: Married Single	
	ed for graduation, do you want your name on your diploma to be changed to er?YESNO
If you wish to have your net ID/User ID or e-	-mail account reflect your name change, contact itshelp@eiu.edu.
	GENDER CHANGE
	academic record to (circle one): Female Male y any one of the following documents: Statement from a qualified health care icense, state ID, or passport.
	ADDRESS CHANGE
Address:	Email Address:
	Phone Number: ()
If you have applied for graduation, do you wan diploma mailed to this address? Yes No	Phone Number: () It your Do you want this phone # to be unlisted? Yes No
International Students: Address changes mu https://www.eiu.edu/international/machform/vie	ust be made through the Office of International Students & Scholars, 1170 Blair Hall. ew.php?id=8 https://www.eiu.edu/international/index.php
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OFFICE OF THE REGISTRAR
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1220 Old Main, 600 Lincoln Ave, Charleston, IL 61920-3099
records@eiu.edu 217-581-3511 217-581-3412 fax