



LYNN
UNIVERSITY

OFFICE OF
THE REGISTRAR

3601 N. Military Trail
Boca Raton, FL 33431-5598
Phone: 561-237-7303

CHANGE OF NAME OR SSN

Student Name: _____ Student ID#: _____
Last First MI

Address: _____
Street City State Zip/Country

Phone number: _____

Name Changes require documentation of former name, photo id, and one (1) of the following: Marriage Certificate, Driver's License, Passport or Court Document. **This must be delivered in person or via US mail only. Faxed documents will not be accepted.**

Former Name: _____
Last First Middle

New Name: _____
Last First Middle

Reason for Change: Marriage: ☐ Divorce: ☐ Other: ☐

PREFERRED INFORMATION (the name & gender by which you prefer to be known, no documents required):

Former Name: _____

New Name: _____

Preferred Gender: _____

Are you currently applying for graduation and want the change reflected on your diploma (**legal name only**)?

Yes: ☐ No: ☐

Are you currently an employee? Please see employee services.

Yes: ☐ No: ☐

Please Note: You must contact the IT Dept. at [IT Support Services - Service project \(lynn.edu\)](http://lynn.edu/IT-Support) if you wish to have your Lynn emails reflect your new name.

Social Security Number Changes require a copy of the Social Security Card and a photo ID.

Former Social Security on Record: _____

New Social Security number: _____

Student Signature: _____ Date: _____
(electronic signature not accepted)