



# Request for Name Change

To request your name be changed in your official Crossroads College student record, complete the following form.

Name on Record: \_\_\_\_\_  
First Middle Last

Change to Current Legal Name:

\_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_ Social Security Number: xxx-xx-\_\_\_\_\_

Change due to: Marriage Divorce Other \_\_\_\_\_  
(Circle one)

I am presenting as proof of the official change the following two documents:

- Legal name change document (ex: Marriage Certificate) and
- Government-issued photo ID.

\_\_\_\_\_  
Student Signature Date

Please return this form and photo copies of the necessary documents to:

**Office of the Registrar**  
**920 Mayowood Road SW**  
**Rochester, MN 55902**

**OR**

**registrar@crossroadscollege.edu**

## Office Use:

Documents copied to:

- Student File
- Student Database

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date Completed