

In order to process a name change, the Graduate School requires legal documentation reflecting your new name. Please provide a copy of *one* of the following from section A **and** *one* from section B:

**Section A**

- birth certificate
- corrected Social Security card
- marriage certificate
- divorce decree
- court order
- naturalization papers
- passport ID change

**Section B**

- driver's license
- government issued ID card
- other: \_\_\_\_\_

Please note that if you are making this request by mail, all supporting documentation must be notarized.

**Previous Name**

LAST/FAMILY NAME	FIRST/GIVEN NAME	MIDDLE NAME	SUFFIX
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**Last 4 of VT ID #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
month/day/year

**E-mail Address:** \_\_\_\_\_  
@vt.edu account, preferred

**Daytime Phone:** \_\_\_\_\_  
☐ Home ☐ Office ☐ Mobile

**Local Address**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

city state zip country

**Citizenship**

- ☐ U.S. CITIZEN ☐ PERMANENT RESIDENT ☐ NON-U.S. CITIZEN\*

*\*If non-U.S. citizen, please list your visa status:* \_\_\_\_\_

**Current Program**
**Degree Level**
**First Term of Enrollment**

- ☐ FALL ☐ SPRING ☐ SUMMER I  
☐ SUMMER II \_\_\_\_\_ year

- ☐ DOCTORAL  
☐ EDUCATION SPECIALIST  
☐ MASTERS  
☐ GRADUATE CERTIFICATE  
☐ NON-DEGREE  
☐ COMMONWEALTH CAMPUS

**Anticipated Completion Term**

- ☐ FALL ☐ SPRING ☐ SUMMER I  
☐ SUMMER II \_\_\_\_\_ year

**Campus**

- ☐ BLACKSBURG ☐ HAMPTON ROADS ☐ NATIONAL CAPITAL REGION ☐ RICHMOND  
☐ ROANOKE ☐ SOUTHWEST VIRGINIA ☐ VIRTUAL

**New Name**

LAST/FAMILY NAME	FIRST/GIVEN NAME	MIDDLE NAME	SUFFIX
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Are you currently or have you ever been employed by Virginia Tech (i.e. assistantship, wage, work-study, salaried)? ☐ YES ☐ NO

*If a student is currently or has ever been employed by Virginia Tech, they must provide a copy of their corrected Social Security card in addition to the information requested before the name change can be processed. If a copy of the Social Security card is not received, the name change will not be processed.*

*Please sign below. Requests cannot be processed without a full legal signature.*

\_\_\_\_\_  
 STUDENT SIGNATURE date

**Required Signature**

\_\_\_\_\_  
 DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) signature e-mail date

**Return your completed form to:**

**Graduate School**  
 Graduate Life Center  
 at Donaldson Brown  
 Virginia Tech (0325)  
 Blacksburg, VA 24061  
 Fax: 540/231-2039

**Questions?** Call 540/231-8636 or  
 e-mail [grads@vt.edu](mailto:grads@vt.edu) for assistance.