

BAKER UNIVERSITY
Office of the Registrar
Change of Name

Order forms may be presented in person, by postal mail, fax or email to: Office of the Registrar, Baker University, P.O. Box 65, Baldwin City, KS 66006. Fax #: 785-594-4521 or email: records@bakeru.edu. Please call 785-594-4530 if you have questions.

PLEASE PRINT

Date: _____

Name used while attending Baker: _____

SSN / Student ID#: _____

- College of Arts and Sciences School of Nursing
 School of Professional & Graduate Studies Graduate School of Education

I hereby request that my legal name, as it appears on my student academic demographic record, be changed as indicated below. This request will change the legal, primary, and preferred name on the student academic record.

Documentation is REQUIRED. (i.e. marriage license, court order, social security card, driver's license)

****Students receiving financial aid must provide copy of Social Security card showing the name change**

Former Full Name: _____

New Full Name: _____

Student Signature (REQUIRED): _____

Contact Information:

Daytime Phone: _____

Email Address: _____