

CTUDENT INFORMATION

Office of the Registrar 320 Newbury Street Boston MA 02115 p (617) 585-0135 registrar@the-bac.edu

## NAME CHANGE FORM

It is the responsibility of the student to notify the Registrar's Office as soon as possible when a name change occurs in order to assure timely correspondence from all departments at the Boston Architectural College.

When submitting a Change of Name request, a copy of an official document must be submitted in order to process your request. Acceptable documentation includes:

- Any government issued photo I.D. (driver's license, passport, alien registration card, etc.)
- Any legal document showing the former name and new name (marriage certificate, divorce decree, naturalization papers, court approval of name change, etc.)

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Student Name:	BAC ID#
Date of Birth: BAC Email: _	
Degree Program:	
NEW STUDENT INFORMATION	
New First Name:	
New Middle Name:	
New Last Name:	
Type of Documentation (please submit with this form):	
Effective Date of Name Change:	
AUTHORIZATION	
The information on this form and the attached do of my name. Please change all records to reflect	ocumentation represent accurate and legally acceptable proof
of my name, riease change all records to reliect	inis name.
Student Signature:	Date:
Office Use Only:	
Rec. Date:	Reg Signature: