

**Change of Name Affidavit**

Please **TYPE** or **PRINT** data through item #2.

I, \_\_\_\_\_, being first duly sworn upon oath, depose and state as follows:

1. That my previous legal name was \_\_\_\_\_  
First Middle Last
2. That in compliance with any and all applicable state laws I have legally and officially changed my name to \_\_\_\_\_ as of \_\_\_\_\_  
First Middle Last Month/Day/Year
3. That I hereby request Regis University to officially change all my academic and administrative records to reflect the name change specified in #2 above.
4. I agree to save, hold harmless, and indemnify Regis University against any loss or damage it may suffer as a result of compliance with my request.

Student ID # \_\_\_\_\_ OR SS # \_\_\_\_\_

\_\_\_\_\_  
Student/Alum Signature Month/Day/Year

**NOTARY VERIFICATION** – Required for all name changes made via the mail or when a photo ID is not available for personal identification by a Regis University employee.

**Please submit the ORIGINAL notarized form. We cannot accept faxed affidavits.**

The foregoing statement was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Witness my hand and official seal.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

**NOTARY VERIFICATION WAIVER** - A photocopy ID verifying the identity of the requestor was presented to a Regis University Employee.

\_\_\_\_\_  
Employee Signature/Department / Month/Day/Year