## **Rock Valley College**

## **Change of Name / Chosen Name Request Form**

Records and Registration Office Phone: 815-921-4250 Fax: 815-921-4269

RVC-Records@rockvalleycollege.edu

Student ID#:	PHONE:	
Instructions: <b>Print clearly.</b>	Choose one request: <b>(A) Change My Legal Nam</b> signed form with appropriate documentation to the signed form to the signed form with appropriate documentation to the signed form with a signed form to the sindicate form to the signed form to the signed form to the signed	ne or (B) Request a Chosen First/Middle Name.
(Must attach any of the follo	UESTING TO CHANGE MY LEGAL NAME.  wing: Birth Certificate, US Military ID, Passport,  ard, Marriage Certificate, Divorce Decree, or Cou	
FORMER LEGAL NAME:		
First Name	Middle Name or Initial	Last Name
NEW LEGAL NAME:		
First Name	Middle Name or Initial	Last Name
SIGNATURE:		DATE:
(B) I AM REQ	UESTING A CHOSEN/PREFERRED FIRST N	NAME and/or MIDDLE NAME.
LEGAL NAME:		
First Name	Middle Name	Last Name
CHOSEN/PREFERRED FI	RST and/or MIDDLE NAME:	
First Name	Middle Name	
whereby any community me possible. We strive to have t appropriate and cannot be a limited to, avoiding a legal of Legal name will still be used	bbligation or misrepresentation) can be cause for I in mailings and on certain records, including off	First and/or middle name on campus wherever ecessary. A chosen/preferred name must be opriate use of a preferred name (including, but not denial or removal of existing preferred name. Ficial transcripts, paychecks, payroll records, records, which require use of an official name of
	possible at this time may apply to issue a new Student ID card. ke five to seven business days to take effect.	I do work for RVC.  I have worked for RVC previously, including and not limited to: holding a student worker position, part time position, grant funded position, community education position, or temporary position.
SIGNATURE:		DATE: