



Office of the Registrar
315 Falls Avenue
PO Box 1328
Twin Falls, ID 83303-1238
Phone: (208) 732-6795
Email: records@csi.edu

STUDENT NAME CHANGE FORM

Instructions: Please fill out the form in Blue or Black pen, print it, sign it, and send it to the Records Office.

Student ID: _____ Date of Birth: _____
Month Day Year

NEW NAME: _____
Last First Middle

Former Name: _____
Last First Middle

Current Address: _____
Address City State Zip

Phone Number: _____ Cell Number: _____

Special Note: If you are receiving student financial aid, you must change financial aid records through the Student Financial Aid Office.

In order to change your name on your official student records, we will need a copy of one* of the following items:

- Certified Court Order granting name change
Marriage Certificate
Passport
Driver's License
Permanent Resident Card

*Your NEW name must appear on any documents that you submit in support of your request.

I request that my name be changed in official school records in accordance with the College of Southern Idaho's policy and this form:

Signature

Date

Office Use Only:

Processed by: _____

Date: _____