NAME CHANGE REQUEST

Please fill out this form completely (print clearly) and return to the Registrar's Office at VCFA.

Name currently on record: _____
First Middle Last

Change name to: _____
First Middle Last

Social Security Number: _____

Are you a currently enrolled student? _____ Yes _____ No

Please attach one of the following as documentation of the legality of your name change. (Photocopies are acceptable. Check the one you are submitting)

_____ Marriage certificate
_____ Divorce decree
_____ Court documentation of name change
_____ Driver's license with photo
_____ Social Security card

I confirm that I wish to have my name changed on my records at VCFA as indicated above.

_____ _____
Signature Date

For more information, please contact:

Jody Maunsell, Registrar
Vermont College of Fine Arts
36 College Street
Montpelier, VT 05602
jody.maunsell@vermontcollege.edu
802-828-8724