

**STATEMENT OF IDENTITY**

The State of North Carolina prescribes, by statute, the conditions under which an individual may legally change his or her name. If your name has changed and you wish to have that change reflected on the records maintained by Appalachian State University, please complete and sign the following statement. Please note that your name will be changed as it appears on your Social Security card. This statement and all required documentation should be submitted directly to the Registrar's Office, PO Box 32009, Boone, NC 28608 or Fax (828) 262-6765.

I certify the following:

1. My name has changed from \_\_\_\_\_  
(first) (middle) (maiden) (last)  
to \_\_\_\_\_  
(first) (middle) (maiden) (last)

2. My name has changed for the following reason (please check the appropriate reason and supply additional information, as requested):

- \_\_\_ a. Marriage. ATTACH A COPY OF THE SOCIAL SECURITY CARD AND A PHOTO ID (Student ID or Drivers License).  
**Please note that the new name must be listed on the Social Security card and the card must be signed.**
- \_\_\_ b. Court Order. ATTACH A COPY OF THE SOCIAL SECURITY CARD AND A PHOTO ID (Student ID or Drivers License).  
**Please note that the new name must be listed on the Social Security card and the card must be signed.**
- \_\_\_ c. Divorce. I have adopted my ( ) maiden name, ( ) a previous married name.  
ATTACH A COPY OF THE SOCIAL SECURITY CARD AND A PHOTO ID (Student ID or Drivers License).  
**Please note that the new name must be listed on the Social Security card and the card must be signed.**
- \_\_\_ d. Records Error. ATTACH A COPY OF THE SOCIAL SECURITY CARD.
- \_\_\_ e. Adoption or Annulment. ATTACH A COPY OF THE ADOPTION OR ANNULMENT DECREE.

3. I understand that my previous name(s) will be retained in university records for reference purposes.

|                                 |                        |                       |                   |
|---------------------------------|------------------------|-----------------------|-------------------|
| _____<br>Signature of Student   |                        | _____<br>Date         |                   |
| _____<br>Social Security Number | _____<br>Date of Birth | _____<br>Phone Number | _____<br>E-Mail   |
| _____<br>Current Address        | _____<br>City          | _____<br>State        | _____<br>Zip Code |

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**For Office Use Only**

Old Name: \_\_\_\_\_  
(last) (first) (middle) (maiden)

New Name: \_\_\_\_\_  
(last) (first) (middle) (maiden)

Hardcopy  Mastercard  Microfilm  Undergrad folder  Grad folder  Data Sheet