



CHANGE OF NAME REQUEST

Student Current Name _____ ID# _____

Request for name to be used in all Student Records _____
(Please Print)

REASON FOR CHANGE

- Marriage
- Divorce
- Legal Name Change

REQUIRED DOCUMENTATION

Marriage License or revised Driver's License
Divorce Decree or Court Documentation
Court Documentation stating new name

Signature _____ Date _____

Submit to Office of Registrar

Email to karen.hudson@williamsoncc.edu Or mail to:

Registrar

274 Mallory Station Rd.

Franklin, TN 37067