



**WINSTON-SALEM**  
STATE UNIVERSITY

---

Office of the Registrar  
202 Thompson Center • 601 S Martin Luther King Jr. Drive  
Winston-Salem, North Carolina 27110  
Phone: 336-750-3330 • Fax: 336-750-3332

**AUTHORIZATION TO CHANGE LEGAL NAME**

**Banner ID #:** \_\_\_\_\_

**Current Name:** \_\_\_\_\_  
Last Name, Suffix                      First Name                      Middle

**New Name:** \_\_\_\_\_  
Last Name, Suffix                      First Name                      Middle

**STUDENT SIGNATURE AND DATE:** \_\_\_\_\_

***NOTE: If the change is due to marriage, documentation in support of this form is required. Otherwise, a copy of the court order legalizing the change is required to accompany THIS FORM.***

OFFICE PERSONNEL COMPLETE SECTION BELOW	
Date Processed:	Initials: