



AFFIDAVIT OF NAME CHANGE

Complete and submit to ESC
Include the following:

Southern Oregon University
Enrollment Services Center
1250 Siskiyou Blvd
Ashland, OR 97520
E-mail: ESC@sou.edu
Phone: 541-552-6600

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SOCIAL SECURITY NUMBER*
SOU ID NUMBER
DATE OF BIRTH

*Disclosure of a social security number (SSN) is voluntary and is not requested pursuant to statutory authority. Your SSN is solicited to assist in performing SOU's t
WKL V LQIRUPDWLRQ WR RWKHU ¿OHV

PREVIOUS NAME

LAST
FIRST
MIDDLE

CURRENT NAME

LAST
FIRST
MIDDLE

SUPPORTING DOCUMENTS** &KHF N WR LQGLFDWH WKH GRFXPHQWV SURYLGHG RU DWWD FKH

CERTIFIED LEGAL DOCUMENT & PHOTO ID
UPDATED PHOTO ID
OR
&HUWL¿HG &RS\ RI &RXUW 2UGHU DQG D 3KRWR &XUUHQW 'ULYHU\V /LFHQVH
&HUWL¿HG &RS\ RI 0DUULDJH &HUWL¿FDWH DQG D 3KRWR '6WDWH ,VVXH , ' &D
&HUWL¿HG &RS\ RI 'LVVROXWLRQ 'HFUHH DQG D 3KRWR ,
8QH[SLUHG 3DVVSRUW DQG D 3KRWR ,

ENROLLMENT STATUS &KHF N \$SSVOLFDEOH
&XUUHQW O QURORPHG 6WXGHQW

, UHTXHVV P\ QDPH WR EH FKDQJHG RQ RI¿FLDO 6RXWKHUQ 2UHJRQ 8QLYHUVLV\ UH
P\ QHZ QDPH LQ IXOO DV LQGLFDWHG DERYH , FHUWL\ WKDW WKH LGHQWL¿FDWLRQ

SIGNATURE
DATE

Submit completed form and supporting documentation to the Enrollment Services Center using one of the following methods:
In person, by postal mail, or by electronic mail. See Enrollment Services' contact information above

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KWSV LQVLGH VRX HGX HQUROOPHQW IRUPV GLSORPDUHLVVXHUHTXH

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APPROVED BY
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