

A.T. STILL UNIVERSITY

ATSU

Kirkville College of Osteopathic Medicine
School of Health Management

Arizona School of Dentistry & Oral Health
Arizona School of Health Sciences
School of Osteopathic Medicine in Arizona

Name Change Request

Current students requesting a name change on their academic records, are required to submit this form along with one of the following documents:

- Copy of marriage license
- Copy of court order authorizing the name change (*i.e. divorce decree*)
- Non-U.S. citizens may provide a copy of your current passport

Previous Information

First name: _____

Middle Name: _____

Last Name: _____

New Information

First Name: _____

Middle Name: _____

Last Name: _____

Submission of this form, along with proper documentation, authorizes the University to make the appropriate changes to the academic records of the student. This change will be reflected in the student's ATSU e-mail/portal account.

Student Signature _____

Date _____

Return form along with required documentation to:

A.T. Still University
Office of the Registrar ~ 800 W. Jefferson, Kirksville, MO 63501
660.626.2356 ~ Fax 660.626.2926

Official Use Only

___ Financial Assistance

___ Controller