MASSASOIT COMMUNITY COLLEGE

V

Office of the Registrar

Legal Name Change Request

Former first name: DOB: ____/____/_____

Former middle name:

Former last name:

New legal first name:

New legal middle name:

New legal last name:

By signing, I certify that all of the information provided is accurate and truthful.

Signature: Date:

Processing a name change requires proof of the former and new names. Indicate required documentation supplied:

New name (at least one)

- License
- US or international passport
- Copy of marriage certificate
- Social security card with new legal name
- Other: _____

Former name (at least one)

- Government-issued photo ID
- US or international passport
- Other: _____

BROCKTON: One Massasoit Blvd., Brockton, MA 02302 ~ PHONE: 508.588.9100, ext. 1949 ~ FAX: 508.427.1246
CANTON: 900 Randolph St., Canton, MA 02021 ~ PHONE: 508.588.9100, ext. 2677 ~ FAX: 508.427.1236
MIDDLEBOROUGH: 49 Union St., Middleborough, MA 02346 ~ PHONE: 508.588.9100, ext. 4002
registrar@massasoit.mass.edu