

SKIDMORE

C O L L E G E

NAME CHANGE REQUEST

New Legal Name: _____

Former Legal Name: _____

Name when you attended Skidmore: _____

Class Year: _____

Dates of Attendance: From _____ to _____

Legal documentation issued by a court or judicial official must be submitted with this form. This is required to update the College's records.

Student Signature: _____ Date: _____

Phone Number: _____

Skidmore Email: _____ Personal Email: _____

OFFICE OF THE REGISTRAR
SKIDMORE COLLEGE SARATOGA SPRINGS NEW YORK 12866 PHONE 518-580-5710