

DELTA COLLEGE NAME CHANGE FORM

Received By:
<input type="checkbox"/> Fax <input type="checkbox"/> In Person <input type="checkbox"/> Email
Date:

NEW

Delta ID #: _____

Last Name: _____ First Name: _____ Middle: _____

Change Delta Username? Yes No

FORMER

Last Name: _____ First Name: _____ Middle: _____

I have attached a Driver's License, Marriage License, or other Official Court Documents showing proof of legal name change.

If you are an employee of Delta College, please visit the Human Resources office in J101 to complete an address or name change.

Signature: _____ Date: _____

RETURN FORM AND DOCUMENTATION TO THE REGISTRAR'S OFFICE – B100
Delta College, 1961 Delta Rd., University Center, MI 48710
Email: regis@delta.edu fax: (989)667-2221