Loyola Marymount University

CHANGE OF NAME / NUMBER

Name as it appears on record now: _____
LAST FIRST M.I.

ID Number as it appears on record now: ☐☐☐ – ☐☐ – ☐☐☐☐

Student Signature: _____ Date: ☐☐ – ☐☐ – ☐☐

If correcting your STUDENT NUMBER fill out this section and attach copy of Social Security Card

Social Security Number: ☐☐☐ – ☐☐ – ☐☐☐☐

If correcting your NAME fill out this section and attach legal documentation of name change

❑ Yes, reassign my system generated LMU email address utilizing this name change

Correct Name:

LAST NAME

FIRST NAME

MIDDLE INITIAL OR NAME (OPTIONAL)

PREFERRED FIRST NAME (OPTIONAL)

Prefix:

❑ MR
❑ MISS
❑ MS
❑ MRS
❑ OTHER _____

Suffix:

❑ JR
❑ III
❑ S.J.
❑ OTHER _____