



A TECHNICAL COLLEGE

3427 North Main Avenue  
Scranton, PA 18508-1495

## Office of the Registrar

### NAME CHANGE FORM

\_\_\_\_\_  
*Previous Name (Print please)*

\_\_\_\_\_  
*Student ID #*

\_\_\_\_\_  
*New Name (Print please)*

I am requesting this name change as a result of:

\_\_\_\_\_ Marriage

\_\_\_\_\_ Divorce Decree

\_\_\_\_\_ Adoption

A copy of the marriage license, divorce decree or adoption papers must be presented along with the name change form.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date