



COLLEGE *of the* OZARKS®

OFFICE of the REGISTRAR NAME CHANGE

P.O. Box 17 • Point Lookout, MO 65726
reg1@cofo.edu • 417-690-3223 • McDonald Administration Building

Please submit this form with name change documentation. Suitable documentation may include: Proof of name change such as a new driver's license, official state ID card, social security card, certified copy of marriage license, court order, dissolution decree, current passport or official proof of identity certified by U.S. embassy abroad or by the appropriate foreign embassy in the U.S.

Student ID or SSN #: _____

Current Name on Record: _____
First - Middle - Last

Name When Attended: _____
Last

Approximate Years of Attendance: _____
Begin Year - End Year

Note: Academic records for students who last attended before 2000 may be available on microfilm only and names cannot be updated on microfilm.

New Name to be on Record: _____
First - Middle - Last

Current Address: _____

Email: _____

Phone: _____

Signature: _____ Date: _____

<p>Office Use Only:</p> <p>Documentation Verified By (initials): _____</p> <p>Processed By (initials): _____</p> <p>Date Processed: _____</p>
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