

DATE _____



Community College of Aurora
ASPIRE | EXPLORE | ACHIEVE

NAME CORRECTION

We are able to complete your request to change your name with proof of legal name change. Please complete the information below and return to expedite a change to your student records.

Student ID Number _____

Previous Name _____
(Last) (First) (Initial)

New Name _____
(Last) (First) (Initial)

Student Signature: _____ Date: _____

FOR STAFF USE ONLY

Verify that the information above matches the documentation provided and initial below to indicate that you have viewed and confirmed the documentation as appropriate. Keep only this form, return documentation to student.

STAFF INITIALS AND DATE

- | | |
|-------|-----------------------|
| _____ | Marriage License |
| _____ | Divorce Decree |
| _____ | Court Order |
| _____ | Driver's License |
| _____ | Legal Adoption Papers |
| _____ | Military ID |
| _____ | Social Security Card |

Banner Data Entry Completed by _____ on _____