



Name Change Form

*Return To:
Office of Student Records
Gratz College
7605 Old York Road
Melrose Park, PA 191027*

GC Student ID: _____ or SSN: _____

Current Name:

Last: _____ First: _____ Middle: _____ Suffix: _____

Previous Name:

Last: _____ First: _____ Middle: _____ Suffix: _____

Dates of Attendance: _____ Phone Number: _____ - _____ - _____

Email Address: _____

Two proofs of identification are required:

- _____ Social Security Card (required if receiving federal or state student aid)
- _____ Valid Driver's License _____ Birth Certificate _____ Court Issued Document
- _____ Valid Passport _____ Marriage License _____ Divorce Decree

Students who are receiving any form of federal or state student aid are required to change their name with the Social Security Administration before changing their name with Gratz College.

My signature authorizes the Gratz College to use this name for all future transactions.

Student Signature: _____ Date: _____

Registrar's Office Use Only

Proof Verified By: _____
Date Entered on SIS: _____

Date: _____
Entered By: _____