

Name Change – Mail in

For Students or Vendors

LEGAL NAME ON YOUR RECORD AT KIRKWOOD NOW:

First: _____ Middle: _____

Last: _____

K-number: _____ Date of Birth: _____

NEW LEGAL NAME:

First: _____ Middle: _____

Last: _____

DO NOT WRITE BELOW THIS LINE UNTIL YOU'RE IN THE PRESENCE OF A NOTARY PUBLIC.

I hereby represent that all above information is true and accurate.

Signature: _____

(Sign in the presence of a Notary Public)

State of _____ County of _____

I hereby certify that on this _____ day of _____, 20 _____

Personally appeared before me the signer and subject of the above form, who signed or attested to the same in my presence, and presented the following form of identification as proof of his or her identity:

- Certificate of Naturalization
- Driver's License or Government Identification Card
- U.S. Passport
- U.S. Military ID Card
- State Identification Card
- Social Security Card
- Birth Certificate
- Other: _____
(provide description)

Notary Public: _____

My Commission Expires: _____

Notary Public Signature: _____

Mail completed form to:

Registrar's Office
Kirkwood Community College
6301 Kirkwood Blvd. SW
Cedar Rapids, IA 52402

