

## NAME CHANGE REQUEST

Please complete this form, print, sign and return to the Office of the Registrar. You must have a signed copy of your social security card and picture ID with correct name on the documentation.

Mail: Austin Peay State University  
ATT: Office of the Registrar  
P.O. Box 4448  
Clarksville, TN 37044

Hand Deliver: Austin Peay State University  
Office of the Registrar  
Ellington Building, Room 316

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### Current Name

A Number \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

\*Are you now or have you ever been an APSU employee? Yes\_\_\_ No\_\_\_

**\*Note:** If you are employed by the University as a staff or faculty member, federal work study or general campus employee, you must complete your name change through Human Resources Department located in the Browning Building.

### New Name

Name \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_  
Last First Middle

### \*\*Confidentiality Records Request

By checking this box, I am consenting to have my directory information confidential and withheld from all parties, to include vendors and potential employers who may contact the University or the National Student Clearinghouse for enrollment/degree verification.

\*\*This block is optional.

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Student Signature

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Date