NAME CHANGE REQUEST FORM
If you would like to change your first, middle or last name in Allegheny College’s database, please complete this form and mail, fax or email it and a copy of one of the following official documents: Court order • Divorce papers • Driver’s license • Marriage certificate • Passport • Social Security card

We will make the requested name change as soon as we receive this documentation.

To respond by U.S. mail, please send this completed form and the official document to:
Marla Garts
Associate Director of Development Resources
Allegheny College
520 North Main Street
Meadville, PA  16335

To respond by email, please attach a scan of this completed form and the official document and send it to: mgarts@allegheny.edu

Thank you for your help as we work to maintain College records with the highest concern for data security and accuracy. If you have any questions, please contact Phil Foxman at (814) 332-5384 or at phil.foxman@allegheny.edu.

Please tell us how your name currently appears on Gator Connect or Allegheny mailings. (Please print)
____________________________________________________________________________________

Please tell us how you would like your name to be recorded.

First Name: __________________________________________

Nickname (if you prefer one): ___________________________

Middle Name (if applicable): ____________________________

Last Name: __________________________________________

Maiden Last Name (if applicable): ________________________

Your Allegheny Class Year: ______________________________

Spouse/Partner's Name (and Allegheny Class Year, if applicable):
___________________________________________________________________________________

Your Email Address: __________________________________

Reason for Name Change: _______________________________

8/2018