College of Eastern Idaho

Student Name Change Form

Return to: Registrar's Office
Bldg. 3 Rm. 353
assistant.registrar@cei.edu
208-535-5673

Student Information

Date _____ Student ID _____

New Name _____ Program _____

Address _____ Phone Number _____

Former Name _____

I request that my name be changed in official school records in accordance with College of Eastern Idaho's policies and procedures. I understand that this request **does not** change my CEI email/username **unless** an error/typo is present within my name.

☐ *By checking this box & submitting this form, I consent to providing my typed electronic signature in place of a handwritten signature.*

Student Signature _____ Date _____

Legal Name Change

Legal names appear on official/unofficial transcripts, federal reporting, placement testing, enrollment verification documents, financial aid & billing documents, CEI email/username, and student ID badges.

Please submit **one** of the following items showing your **new** name:

☐ Certified Court Order Granting Name Change
☐ Government Issued Photo ID (i.e. Driver's License, Passport, Military ID)
☐ Social Security Card

Error/Typo Update (check all that may apply):

☐ First Name
☐ Middle Name
☐ Last Name
☐ Birth Date
☐ Social Security Number

Add/Remove Chosen Name

A chosen name differs from your name that appears on legal records. A chosen name will appear on class and grade rosters, Canvas, Self-Service, and campus communications.

☐ Add Chosen Name _____
☐ Remove Chosen Name

For CEI Use

Comments:

Signatures

Registrar's Office _____ Date _____