

NAME CHANGE REQUEST FORM

As the recipient of either a federal or IU institutional loan, we will require a name change request in writing along with substantiating documentation. Please complete and return this page including one of the following documents:

- Marriage License
- Divorce Decree
- Court Document
- Passport
- Driver's License
- State Issued ID

Full Name (as it is in our system): _____

Full Name (after change): _____

IU Student ID: _____

Only Last 4 SSN: _____

Please also include any other contact information to update at this time.

Phone Number: _____

Email Address: _____

Mailing Address: _____

City

State

Zip

Signature

Date

Please submit completed form and documentation to:

ECSI
PO Box 1289
Moon Township, PA 15108

OR



Indiana University
1024 E 3rd Street Room 122
Bloomington, IN 47405