

# Worcester Polytechnic Institute

Office of the Registrar

## Name/Gender Change Form

**Instructions:** Please complete this form in its entirety and submit it along with the required documentation listed below.

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### Part I Name/Gender Change:

Student ID: \_\_\_\_\_

Former Name: (please print)

First Name	Middle Name	Last Name
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New Name: (please print)

First Name	Middle Name	Last Name
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Former Gender:  Male  Female

New Gender:  Male  Female

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### Part II Reason for Name/Gender Change: (check all that apply)

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Marriage    | <input type="checkbox"/> Legal Separation     |
| <input type="checkbox"/> Divorce     | <input type="checkbox"/> Legal Change of Name |
| <input type="checkbox"/> Misspelling | <input type="checkbox"/> Gender Change        |

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### Part III Documents Required:

- Legal copy of a government-issued photo ID with new name/gender (Driver's License or Passport)

AND ONE of the following:

- A notarized Name Change Affidavit
- A certified copy of the Marriage License
- Copy of Social Security Card with new name or gender
- A certified copy of the Divorce Decree that reinstates the maiden name
- A certified copy of the Court Order that changes gender

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### Part IV Signature:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

By submitting this form with the required documentation and signing below, you are requesting that the WPI Office of the Registrar change your name and/or gender in the student database, Banner. We will process your request within 3 to 5 business days and email you when it is complete. By signing below, you authorize the release of your name/gender change documents to the National Student Clearinghouse for the purpose of notifying lenders and allowing employers and other authorized parties to verify your enrollment and/or degree.

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### Part V Office Use:

Name and/or gender as it appeared prior to change: \_\_\_\_\_

Documentation received: \_\_\_\_\_

Initials and Date: \_\_\_\_\_

508-831-5211 (tel) 508-831-5931 (fax)

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wpi.edu/+registrar

dr: 9/10/15