

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.

Part I Name/Gender Change:

Student ID: _____

Former Name: _____

New Name: _____

Former Gender: Male Female

New Gender: Male Female

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 |

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

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.

Part V Office Use:

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

Documentation received: _____

Initials and Date: _____

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dr: 9/10/15