



# THE NORWALK CONSERVATORY OF THE ARTS

## Change of Name Request Form

### *Student Information:*

- Full Legal Name (Current): \_\_\_\_\_
- Student ID: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

### *Proposed New Legal Name:*

- First Name: \_\_\_\_\_
- Middle Name (if any): \_\_\_\_\_
- Last Name: \_\_\_\_\_

### *Reason for Name Change:*

Marriage  Divorce  Personal Choice  Other (Please Specify)

\_\_\_\_\_

### *Documentation Attached:*

Marriage Certificate  Divorce Decree  Court Order  Other (Please Specify)

\_\_\_\_\_

### *Acknowledgment of Change:*

I, [Student's Full Name], hereby request a change of my name as indicated above. I understand that this change will be reflected in my official conservatory records.

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

### *Conservatory Verification:*

This name change request has been reviewed and verified by the Conservatory Registrar's Office.

*Registrar's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

If you have any questions or concerns, please contact the Conservatory Registrar's Office at [registrar@thenorwalkconservatory.org](mailto:registrar@thenorwalkconservatory.org).