



Cleveland Institute of Art

## CHANGE OF NAME FORM

Submit completed form to Registrar's Office  
Email to [Registrar@cia.edu](mailto:Registrar@cia.edu)

*PLEASE PRINT CLEARLY*

### Legal Name Currently on File

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Cell Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Current status: FR\_\_\_ SO\_\_\_ JR\_\_\_ SR\_\_\_ Alumni\_\_\_

**CHANGE OF LEGAL NAME:** *A copy of your social security card and the court order confirming a legal change of name is required with this form.*

### Updated Legal Name

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_