College of Education and Human Development
Graduate Admissions
4400 University Drive, MS 4D1, Fairfax, Virginia 22030
Tel: 703-993-3832 FAX: 703-993-2020

CHANGE OF PERSONAL INFORMATION REQUEST

Acceptable legal documentation includes an **original court document or notarized copy** of the following (driver's license is not accepted):

- **Marriage Certificate**
- **Passport**
- **Alien Registration Card**
- **Divorce decree**
- **Birth certificate**
- **Naturalization certificate**

Change of Name

Mason Student ID#: _____

Are you an international student on a non-immigrant visa?

Yes or No
(Circle One)

Former Name: _____
Last First Middle Name or Initial

Requested Name:

Last: _____

First: _____

Middle Name or Initial: _____

Suffix: II III IV V Jr. Sr. Other: _____
Circle One

Student Signature (Required): _____ Date: _____

Office of the Admissions Use Only

Date: _____ Entered By: _____