



WESTERN MICHIGAN UNIVERSITY

Office of the Registrar
1903 W. Michigan Avenue
Kalamazoo, MI 49008-5256

Affidavit

I, (legibly print the old name) _____
request a change of name as it shall appear henceforth on my official records at Western Michigan University to

(legibly print new name) _____

I hereby swear that this change in name has not been requested for any fraudulent purpose. I am also aware that the change will affect only those records compiled from this date forward.

My Western Identification Number (WIN) is _____

Check here if you have applied for graduation and are requesting this name change for your diploma.

The following needs to be signed in the presence of a Notary Public:

_____ Signature

_____ Date

County of _____

State of _____

Sworn and subscribed before me this _____ day of _____, _____

(Notary Public)