

Submit to:

Registrar's Office  
Clarke University  
1550 Clarke Drive  
Dubuque, IA 52001

Identification (Use Legal Name)

Full Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

A copy of your social security card is required for verification of a legal name change (Attach a copy):

Previous Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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Registrar's Office Use Only:

Received: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date: \_\_\_\_\_ Student ID: \_\_\_\_\_