ST. JOHN'S UNIVERSITY

# Notification of Name Change Form

**X-number** _____

**Old Name**

_____

First Name Middle Name Last Name

**New Name**

_____

First Name Middle Name Last Name

_____

Street Address City State Zip

Telephone Number _____

Please submit to

**St. John's University**
**Office of the Registrar**
**8000 Utopia Parkway**
**Queens, NY 11439**

or email to **registrars@stjohns.edu**.

_____

**For office use only:**

Last date of employment:_____

Office of Human Resources Signature:_____

Date:_____