



600 Valley Road, P.O. Box 309
Summerdale, PA 17093-0309
1-800-759-2727 • www.centralpenn.edu

Change of Name Form

In order to guard against identity theft, requests for name changes must be accompanied by official documentation of the change. Please mail this request form to the address below along with a copy of your Social Security card, Driver's License, or Government Issued I.D. showing your new name.

If you are able to come to campus, you may bring this form and the originals of the above documents to the registrar's office. We will make the name change and return the original documents to you immediately.

Requests for name changes cannot be honored without the documentation above.

Please mail requests and documentation to:

Registrar
Central Penn College
600 Valley Road
PO Box 309
Summerdale, PA 17093 -0309

Previous name: _____
First and Last*

New name: _____
First and Last*

Approximate attendance dates* _____

Phone number (in case we need to contact you about this request) _____

* Required fields

Did you remember?

In your mailing to Central Penn, include this completed 'Change of Name' form