



**Dakota State University**  
Change of Name Form

First Name:\* \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name:\* \_\_\_\_\_

Student ID Number:\* \_\_\_\_\_ or Last 4 digits of SSN:\* \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Name Change Information**

Previous First Name: \_\_\_\_\_

Previous Last Name: \_\_\_\_\_

New First Name: \_\_\_\_\_

New Last Name: \_\_\_\_\_

\*Mail one of the following documents required for a name change along with this form to the address below.

- Marriage license
- Divorce decree
- Court order indicating name change
- Current passport (non-US citizens)

Dakota State University  
Attn: Enrollment Services  
820 N Washington Ave  
Madison SD 57042

For more information, please call at 1-888-378-9988 or email to [addrweb@dsu.edu](mailto:addrweb@dsu.edu) .