



Registrar's Office
Assemblies of God Theological Seminary
1435 N. Glenstone Ave.
Springfield, MO 65802
Phone (417) 268-1025, Fax (417) 268-1030
records@agts.edu

Name Change Request

It is necessary for us to have your full legal name on our student records. Name changes will only be made to correct wrong or missing information. In either case, proof of your legal name must be submitted with this request.

CURRENT INFORMATION

Full name (Please print) _____
first *middle* *last*

Social Security Number _____

NEW NAME _____

Reason for change (please attached proof of legal name*):

- Marriage
- Legal Name Change
- Divorce

Address change associated with new name change, if applicable:

Street/Box City State Zip

Signature of student _____ Date _____

****Contact the Registrar's Office for the type of proof of legal name required.***

Office Use Only:

Processed by _____ Date _____