



Name Change Request

Records Office

1435 N Glenstone Ave • Springfield MO 65802

Phone (417) 268-1026 • Fax (417) 268-1030

records@agts.edu

AGTS requires your full legal name in your student record. Name changes will be made only to correct wrong or missing information. Proof of your legal name must be submitted with this request.

Student name _____
First Middle Last

Student Social Security Number _____

New name _____
First Middle Last

Reason for name change (please attach requested documentation)

- Marriage (attach copy of marriage license and new social security card)
- Legal name change (attach copy of court order and new social security card)
- Divorce (attach copy of divorce decree and new social security card)

Address change associated with name change, if applicable

Street/PO Box City State ZIP

Please return completed form to AGTS Records

Student signature _____ Date _____

Office use only

Date received _____ Date entered _____ Entered by _____ Copy to _____