

Change of Name Form Graduate Programs

Use this form for official, legal name changes only

Return to: MassArt Graduate Programs, 621 Huntington Avenue, Boston, MA 02115

Please print clearly.

Full Name on Current Record		
First	/ Middle	/ Last
New Full Name		
First	/ Middle	/ Last
MassArt ID (or last 4 numbers of SSN)		
Address Street or PO Box: City, State, Zip code:		
Cell Phone Number	Home Phone Number	
Email Address		
Mailing Address Street or PO Box City, State, Zip code		
Legal Name Change Documents Submitted. Attach a copy.		
<input type="checkbox"/> Court Order	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Other:
MassArt Email Address. Student must contact the IT Helpdesk on the 8 th floor of the Tower Building, 617-879-7888, to arrange for a change in MassArt's email address.		
I am requesting that all my records at Massachusetts College of Art and Design bear my new name as indicated above. It is my responsibility to make a change to my MassArt email address.		
Student Signature	Date	

Change name in colleague. File in student folder. Copies of legal change documents must be attached.