

# Student Name Change Request

**Enrollment Services**  
Taylor Building – Eagle Central  
Phone: 208-732-6250  
Email: [enrollment@csi.edu](mailto:enrollment@csi.edu)

*It is the student's responsibility to ensure that their information with CSI is current and accurate.*

*All address, phone, and email updates should be made through the MYCSI student portal.*

Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Previous Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

☐ **\*New Legal Name:** \_\_\_\_\_  
Last Name First Name Middle Name

**Preferred Name** (If different from legal name): \_\_\_\_\_

☐ **\*Legal Gender Change:** \_\_\_\_\_

*\*\*To change your **legal name and/or gender** on your official student records, you will need a copy of one of the following items with your **NEW legal name and/or gender** on the document you submit in support of your request.*

- |   |  |
|---|--|
| <input type="checkbox"/> Certified Court Order granting new name change | <input type="checkbox"/> Marriage Certificate    |
| <input type="checkbox"/> Driver's License                               | <input type="checkbox"/> Passport                |
| <input type="checkbox"/> Divorce Decree                                 | <input type="checkbox"/> Permanent Resident Card |

*\*\*I request that my changes are made in all official school records in accordance with the College of Southern Idaho's policy. I also understand that changing my legal address DOES NOT change the county or state residency designation. Please contact Enrollment Services to update your residency status.*

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Office Use Only**

*Notify I.T. of the name change.*

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_