

Please use **CAPITAL** letters
when completing form



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE
CHANGE OF NAME FORM

ID Number _____ Faculty/School _____ Programme _____

NAME (Prior to change) _____
Surname Middle Name First Name

NEW NAME _____
(To be recorded and used) Surname Middle Name First Name

Marital Status (Please Tick) Single Married Divorced Date of Birth _____

Contact No. _____

If your change in Name is due to a change in Martial Status, please enclose copy of Marriage Certificate.
If change is for any other reason please enclose copy of Affidavit/Deed Poll Document

Signature

Date