



Fairfax University of America
 4401 Village Drive
 Fairfax, VA 22030
 Phone: 703-591-7042
 registrar@fxua.edu

Name Change Form

Use this form to notify the Registrar's Office of your name change. You are also required to contact the IT Department for a possible change in your FXUA email address/computer log in.

FXUA ID # _____ **SEVIS ID #** _____

Previous Name:

Last: _____ First: _____ Middle: _____ Suffix: _____

New Name:

Last: _____ First: _____ Middle: _____ Suffix: _____

Two proofs of identification are required:

Social Security Card
 Driver's License
 Passport
 Marriage Certificate
 Divorce Degree
 Birth Certificate
 Court Issued Document
 Permanent Resident Card (Green Card)

Student Signature: _____ **Date:** _____
 (Required)

Office Use Only

Proof verified Date: _____ By: _____

Student D.B. Date: _____ By: _____

SEVIS D.B. Date: _____ By: _____

Informed Admissions Office Accounting Office Academics ISS Office IT Department

Rev: 12/2019