



CHANGE OF NAME REQUEST

I request the change my name:

From: _____

To: _____

New address (if applicable): _____

Street name & number

City, State & Zip Code

Telephone number

E-mail address

Effective date: _____ MSID#: _____

Student Signature: _____

Please include supporting legal documentation for name change (i.e. a copy of your marriage certificate or legal documentation stating new change of name). Forms must be attached to process change.

Submit this application to:

Gov. Guinn Millennium Scholarship Program, 555 E. Washington Ave., Ste. 4, Las Vegas, NV 89101

Email: millenniumschemolars@nevadatreasurer.gov

Fax: (702) 486-3246

If you have any questions please contact the Governor Guinn Millennium Scholarship Office at (702) 486-3383 or toll free at (888) 477-2667

For Treasurer's Office Use Only:	
Approved: ____ Yes ____ No	If not, state reason:
Entered by:	Date entered: