



Change of Name Request

I request to change my name:

From: _____

To: _____

New Address (if applicable): _____

Phone Number: _____ E-mail: _____

Student Signature: _____ Date: _____

MSID#: _____

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

Please submit the completed form to:
Governor Guinn Millennium Scholarship Program,
555 E. Washington Ave., Ste. 5200, Las Vegas, NV 89101
Email: Millenniumschemars@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:	
Name Change Verified: _____ Yes _____ No	If not, state reason:
Entered by:	Date entered: