THE UNIVERSITY OF MEMPHIS.

REQUEST FOR NAME CHANGE ON OFFICIAL UNIVERSITY RECORD

> **ALL NAME CHANGES REQUIRE A COPY OF ONE OF THE FOLLOWING SUPPORTING DOCUMENTS:**
> [Social Security Card] • [Driver's License] • [Court Order]
> [Birth Certificate] • [International Passport] • [Resident Alien Papers]

U-Number (if known): U_____ **SSN#: XXX - XX -** _____ **Date of Birth:** _____

Daytime Phone #: _____ - _____ - _____ **E-mail:** _____

Check ALL Roles that apply. Submit completed form and documentation to the office by the first Role checked.

EMPLOYEE (Faculty/Administrator/Staff): ____ Current ____ Former | Dept: _____
Submit to: Human Resources, 165 Administration Bldg, Memphis, TN 38152-3370
FAX: 901.678.1364 (Questions? Call: 901.678.3573)

STUDENT: ____ Current ____ GA/Stdt Worker ____ Former Stdt/Not Grad – Last Term Attended: _____
Submit to: Registrar, 003 Wilder Tower, Memphis, TN 38152-3520
FAX: 901.678.3249 (Questions? Call: 901.678.3925)

UofM ALUMNI – Graduate of UofM: Year Graduated - _____
Submit to: Billy Mac Jones Bldg, 633 Normal Street, Memphis, TN 38152-3760
FAX: 901.678.5215 (Questions? Call: 901.678.2987)

OTHER (Use only if no other role applies – e.g., friend/donor). Submit to: Same as UofM Alumni.

Your Name as Currently listed on your UofM Record:

First:		Prefix:	
Middle / Maiden:			
Last:		Suffix:	

Your Name exactly as it Should Appear and as supported by your Documents:

First:		Prefix:	
Middle / Maiden:			
Last:		Suffix:	

Reason for Name Change (if marital status change, please indicate new status):

CURRENTLY ENROLLED STUDENTS: You must notify your instructors of your name change.

FINANCIAL AID APPLICANTS/RECIPIENTS: I understand that I cannot change my legal name as it appears on my birth certificate and/or with the Social Security Administration without supporting legal documents. If I do not have the necessary legal documents, then I forfeit my rights to any current or future financial aid disbursement. I understand that my name on my Official University record and my legal name must match in order for me to receive financial aid.

I assume responsibility for the consequences or problems that may occur as a result of this change of my name. It is not my intent to defraud the University of Memphis.

Signature: _____ Date: _____

For Office Use Only	**Office Processing Change:** _____ **By:** _____
	Phone: _____ **Date:** _____
	Doc Type/Doc ID: _____ / _____