



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/Std Worker Former Std/Not Grad - Last Term Attended: \_\_\_\_\_ Submit to: Registrar secure upload: https://securefile.memphis.edu/form/rsu 003 Wilder Tower, Memphis, TN 38152-3520 (Questions? Call: 901.678.2810)

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:

Table with 4 columns: Name Part, First, Middle/Maiden, Last, Prefix, Suffix

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

Table with 4 columns: Name Part, First, Middle/Maiden, Last, Prefix, Suffix

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

Empty text box for Reason for Name Change

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: \_\_\_\_\_ / \_\_\_\_\_