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 <u>ALL</u> 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, 178 Administration Bldg, Memphis, TN 38152-3370
        FAX: 901.678.1364 (Questions? Call: 901.678.2601)

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: 901.678.2586)

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:

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

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

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

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

CURRENTLY ENROLLED STUDENTS: <u>You</u> 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:** _____ / _____