



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't Worker Former Std't/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:

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):

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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: _____ / _____