

NAME CHANGE REQUEST

DIRECTIONS

Complete this form to change your official name on an admission application or on your student academic record.

You must submit a photocopy of your Social Security card with this form.

The new name you list below must exactly reflect your name as it appears on your Social Security card.

Please allow seven business days for processing. After the name change is processed, you may contact the U Card office (online at umn.edu/ucard) to find out how to obtain a new card that reflects the change.

If you have applied for undergraduate admission but have not registered for classes at the University, return this form to the Office of Admissions, 240 Williamson Hall, 231 Pillsbury Dr. S.E., Minneapolis, MN 55455.

If you are a current, former, or returning student, return this form to One Stop Student Services (locations at right).

**Return this form to
One Stop Student Services**

By U.S. Postal Service mail

One Stop Student Services Center
University of Minnesota, Twin Cities
200 Fraser Hall, 106 Pleasant Street S.E.
Minneapolis, MN 55455-0422

In person on campus

200 Fraser Hall, East Bank
130 West Bank Skyway, West Bank
130 Coffey Hall, St. Paul

By fax

612-626-0008

Questions?

Phone: 612-624-1111
TTY (hearing-impaired): 612-626-0701
E-mail: helpingu@umn.edu

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

PART 1. Student background			
University ID	Social Security number	Birthdate (mm/dd/yyyy)	
Current mailing address (street, apartment number or P.O. box number, city, state, ZIP code, country)			
College/program (applied to, current, or last attended)	Term/year last attended <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> May session <input type="checkbox"/> summer Year _____		
University e-mail (or personal e-mail, if none)	Have you applied for or are you currently receiving financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PART 2. Name change			
Your old name:			
Last name	First name	Middle name	Suffix
Your new name (as it appears on the attached photocopy of your Social Security card):			
Last name	First name	Middle name	Suffix
If you have filed a degree application but have not yet graduated:			
Do you want to change your name on your diploma (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, for what term and year did you apply to graduate? _____			
PART 3. Certification			
My signature below certifies that I am requesting that my name be changed on University of Minnesota records, and that the information I have provided on this form is true and accurate to the best of my knowledge.			
Signature			Date



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The University of Minnesota is an equal opportunity educator and employer. Please contact the One Stop Student Services Disability Services liaison at 612-625-9578 to request a copy of this form in an alternative format.

OTR161 10/09



Please recycle.