

# University of Minnesota Duluth

## STUDENT NAME CHANGE REQUEST

### Directions

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

**IMPORTANT:** Name changes must reflect your exact name as it appears on your Social Security card. You must submit a photocopy of your Social Security card along with this form.

To receive a new U Card, current students should contact the U Card office at 218-726-8814.

ID number	Social Security number	Date of birth
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*I request that my name be changed on University of Minnesota records. I am including all hyphens, apostrophes, or designations such as 'Jr.', 'Sr.', 'II', or 'III' if they occur in my name.*

### PLEASE PRINT CLEARLY

Last name(s)	First name(s)	Middle/former name(s)
old:		
new:		
University of Minnesota college last attended or applied to		term/year last attended
If you have filed a degree application and have not yet graduated, do you want to change the name on your application? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, for what term and year of graduation did you apply? _____		
Signature		Today's date
Current mailing address	City	State      Zip code

### for office use only

updated by	date
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**RETURN this form to:**      **Student Assistance Center, 23 Solon Campus Center**

**or mail it to:**      **Office of Financial Aid and Registrar  
University of Minnesota Duluth  
1049 University Drive  
Duluth MN 55812-3011**

**Phone: 218-726-8000  
E-mail: umdhelp@d.umn.edu**