

# 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 UCard, current students may contact the UCard office at 218-726-8814.

**Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.**

### Return this form on campus to:

Student Assistance Center  
23 Solon Campus Center

### or mail to:

Office of Financial Aid and Registrar  
University of Minnesota Duluth  
1049 University Drive  
Duluth MN 55812-3011

**or fax to:** 218-726-8219

**E-mail:** umdhelp@d.umn.edu

**Phone:** 218-726-8000

### Student information

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.

Last name(s)		First name(s)		Middle name(s)	
Old:		Old:		Old:	
New:		New:		New:	
Student ID number	Social Security Number	Date of birth		U of M e-mail @d.umn.edu	
University of Minnesota college last attended or applied to: (e.g., CLA, CEHSP, Graduate School, IT)					Term/year last attended
If you have filed an <i>Application for Degree</i> and have not yet graduated, do you want to change the name on your application? Yes      No      If "Yes", for which term and year did you apply to graduate? _____					
Are you currently employed by the University of Minnesota?      Yes      No					
Current mailing address		City		State	Zip Code

### Certification

I certify that all information provided is true and correct to the best of my knowledge and **I have attached all required documentation.**

Signature

Today's date

for office use only	
Updated by	Date

To request copies of this form in an alternative format: 218-726-8000.  
UMD is an equal opportunity employer and educator.