

CHANGE OF NAME FORM

DATE

I am changing my name from:

LAST

FIRST

MIDDLE

TO:

LAST

FIRST

MIDDLE

The following information is used for identification purposes only:

Student ID Number*

DATE OF BIRTH

*Degree students please provide us with a copy of your Social Security Card showing us your new name.

PERMANENT MAILING ADDRESS:

PLEASE FILL IN COMPLETELY AND ACCURATELY:

COLLEGE: _____ MAJOR: _____

ARE YOU CURRENTLY ENROLLED: _____

EXACT DATES OF ATTENDANCE: _____

Phone Number: () _____

Spouse's Name (if applicable):
(For Alumni Office use only)

DEGREE(S) RECEIVED: _____

GRADUATION DATE(S): _____

I hereby certify that I am not changing my name for fraudulent or illegal purposes.

SIGNATURE

Office Use Only

Data Base: _____

Currently enrolled: _____

Archived: _____

AR: _____

Folder: _____

Notification List: _____

Mail To: University of New Hampshire
Office of the Registrar
Student Services Center
11 Garrison Avenue
Durham, NH 03824-3511

REV: 6/99