

**Legal Name Change Request** 

**REGISTRAR'S OFFICE** 

PO Box 210060, Cincinnati, OH 45221-0060 Fax: 513-556-8000 E-mail: <u>registrar.info@uc.edu</u>

| (All fields must be | completed | legibly) |
|---------------------|-----------|----------|
|---------------------|-----------|----------|

| Prior Name   | :   |                   |                             |  |  |
|--|---|-------------------|-----------------------------|--|--|
|  | Last  | First             | Middle                      |  |  |
| New Legal  | Name:   |                   |                             |  |  |
| 0  | Last  | First             | Middle                      |  |  |
| UCID Number:Birthdate:   |   | nte:Date          | Date of Last UC Attendance: |  |  |
| Current Ad   | dress:  |                   |                             |  |  |
|  |   | Number and Street |                             |  |  |
| City   |   | State/Country Zip |                             |  |  |
| Phone  | Email   |                   |                             |  |  |
|  | the Legal Name Change   |                   |                             |  |  |
|  | orting / authenticating docur   | -                 | iy this request):           |  |  |
|  | Misspelling- include copy of Driver's License   |                   |                             |  |  |
|  | Marriage- include copy of Driver's License, social security card, or marriage certificate |                   |                             |  |  |
|  | Divorce- include copy of legal divorce decree   |                   |                             |  |  |
|  | Legal Name Change- include copy of court order of legal name change                       |                   |                             |  |  |
|  | □ Naturalization- include copy of naturalization document or copy of passport             |                   |                             |  |  |
|  | □ Religious Reasons- copy of court order of legal name change                             |                   |                             |  |  |
| By my signature, I hereby certify that on this day I made request to University of Cincinnati that UC change the legal name associated with my permanent records, as indicated on this form. |   |                   |                             |  |  |
| Signature:   |   |                   | Date:                       |  |  |
| -  | (Sign your full legal name)   |                   |                             |  |  |
| Mail this form & documents to:   |   |                   | Email form & documents to:  |  |  |
| University of Cincinnati   |   |                   | Registrar.info@uc.edu       |  |  |
| •  | Office of the Registrar — Name Change OP Or   |                   |                             |  |  |
| P. O. Box 210060   |   | UN                | FAX form & documents to:    |  |  |
| Cincinnati, OH 45221-0060  |   |                   | 513-556-8000                |  |  |

**Note**: currently enrolled students must also contact IT@UC Service Desk (513-556-4357) to request a change to their unique ID used with e-mail, Blackboard, and One Stop Student Services online.