

CHANGE OF NAME FORM FOR GRADUATE STUDENT RECORD

Please complete legibly

Student ID#: _____ Social Security #: _____

NEW NAME: _____
Last First M.I.

FORMER NAME: _____
Last First M.I.

Date Effective _____

Current Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

I hereby understand that by signing this document all name changes have been legally documented.

Student

Signature: _____ Date signed: _____

The University requests and uses your social security number (SSN) to validate your identity. No statute or other authority requires disclosure of the SSN for this purpose. Failure to provide a SSN, however, may result in our inability to change your name as requested. Further disclosure of the SSN is restricted by the Wisconsin Public Records Act and other State and Federal Laws.

Return this form to:

UW Oshkosh
The Office of Graduate Studies
800 Algoma Blvd., Dempsey 337
Oshkosh, WI 54901