

DATE EFFECTIVE _____

CHANGE OF NAME FORM

Please print legibly

Student Information ID#: _____ Social Security #: _____

NEW NAME: _____
Last First M.I.

FORMER NAME: _____
Last First M.I.

Street: _____ Apt #: _____

City: _____ State: _____ Zip: _____

County: _____ Phone Number: () _____

I am currently a: Undergraduate Student Graduate Student

I hereby understand and declare that by signing this document all name changes have been legally documented and if requested, I agree to provide written documentation.

Signature or Validation: _____

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 to: UW Oshkosh, Registrar's Office, Attn: Name Change, Dempsey Hall Room 130, 800 Algoma Blvd., Oshkosh, WI 54901