



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: _____

Please provide documentation supporting the new name change i.e. valid driver's license, etc. The University may require additional documentation to confirm your identity.

Student
Signature: _____ Date signed: _____

I understand that by signing this document any name change has been legally documented.

* - The University requests and uses your social security number (SSN) to conform to federal and/or state financial aid requirements, comply with employment laws, and in some cases confirm your identity. No statute or other authority requires disclosure of the SSN for this purpose. Failure to provide a SSN, however, may result in you not receiving financial aid or not being employed at the University. 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