



Name Change Request

REGISTRAR'S OFFICE
PO Box 210060, Cincinnati, OH 45221-0060
Telephone: 513-556-9900; Fax: 513-556-5708
E-mail: registrar.info@uc.edu

(All Fields Must Be Completed and Legibly)

Prior Name: Last First Middle

New Name: Last First Middle

UCID or SSN: Date of Last UC Attendance:

Current Address: Number and Street

City State/Country Zip

Reason for the Name Change

(Note: supporting / authenticating documents must be attached):

Multiple horizontal lines for text entry.

By my signature, I hereby certify that on this day I made request to University of Cincinnati that UC change the name associated with my permanent records, as indicated on this form.

Signature: Date: (Sign your name as you wish it to appear)

Return this form to:

University of Cincinnati
Office of the Registrar — Attn: T. Niese
P. O. Box 210060
Cincinnati, OH 45221-0060

Note: currently enrolled students must also contact the UCit Help Desk at 513-556-4357 to request a change to their unique ID used with e-mail, Blackboard and One Stop Student Services online.