College
Admit Date
Disposition

DO NOT WRITE ABOVE LINE-OFFICE USE ONLY

Office of the Registrar
University of Cincinnati
P. O. Box 210060
Cincinnati, OH 45221-0060
(513) 556-9900

NAME CHANGE REQUEST FORM

(Please print answering all questions completely)

OLD NAME: _____ _____ _____
(LAST) **(FIRST)** **(MIDDLE)**

NEW NAME: _____ _____ _____
(LAST) **(FIRST)** **(MIDDLE)**

REASON FOR CHANGE: (Note: Documents must be attached to support request for change)

_____

_____

This is to certify that I have on this day made the request that the University of Cincinnati change this name on my permanent record.

SIGNATURE: _____

(PLEASE SIGN AS YOU WISH YOUR NAME TO APPEAR)

STUDENT ID/SSN/UCID: _____ **DATE:**_____

CURRENT MAILING ADDRESS: _____

_____

DATE YOU LAST ATTENDED THE UNIVERSITY OF CINCINNATI: _____

Please return this form to: Tricia Niese, University of Cincinnati, Office of the Registrar, P. O. Box 210060, Cincinnati, OH 45221-0060

Currently enrolled students must also contact the UCit Help Desk at (513) 556-4357 to request a change to their unique ID used with email, Blackboard and One Stop.