University of Idaho

Office of the Registrar Phone: (208) 885-6731 Fax: (208) 885-9061 registrarforms@uidaho.edu

REQUEST FOR STUDENT NAME CHANGE

IEW NAME:								
	last		first			middle		
ormer Name: _		 ist		first			midd	
	lo	.51		IIISt			midu	C
Student ID:				Date	of Birth: _	month	day	year
		oyee of the Unive Ident financial aid						
order to chang	e your name on	your official stude	ent record, we	e will need a co	opy of on	e* of the	following	g items:
☐ Marri ☐ Pass ☐ Drive	iage Certificate	granting name cl	hange					
our NEW nam	e must appear	on any documer	nts that you	submit in sup	port of y	our requ	est.	
		will continue to r ay disclose my for					ame in	its records. I a
	•	ed in official Unive					olicy and	d this form:
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	Signature							Date
Email Address						Phone Number		
REGISTRA	R USE ONLY	'						
GUASYST:	☐ Student	☐ Fin Aid	☐ Employ	ee				
Processing:	☐ Banner	☐ Matric Card	(pre 199620)	☐ Paper/Pla	astic Trar	nscript		
Notifications:	☐ Financial	Aid 🗖 UG Admis	ssions 🗖 G	R Admissions	☐ Payro	oll 🗖 S	tudent's	Dean ISI