



UCONN

THE GRADUATE SCHOOL

WHETTEN GRADUATE CENTER | 438 WHITNEY ROAD EXTENSION, UNIT-1152, STORRS CT 06269-1152
TELEPHONE: (860) 486-3617 | FACSIMILE: (860) 486-6739 | GRAD.UCONN.EDU

GRADUATE STUDENT RECORDS NAME CHANGE FORM

Name as it currently appears in records

FIRST NAME _____

LAST NAME _____

STUDENT ID # (SEVEN DIGITS) _____ NETID _____ PHONE _____

EMAIL _____

DATE OF BIRTH _____

REASON FOR CHANGE MARRIED WIDOWED DIVORCED OTHER _____

New name

First Name _____

Middle Name _____

Last Name _____

Signature _____ Date _____

Required: You must submit a copy of a legal form of identification which displays your new name. Appropriate documentation includes social security card, a valid driver's license, valid passport, birth certificate, or court order.

For office use only. Do not write below this line.