

REQUEST FOR CHANGE OR CORRECTION OF NAME

Instructions: This form and supporting documentation must be submitted to the Office of the University Registrar before any name change can be made to your official University records.

- Your name cannot be changed without a written request from you. No second party notification of a name change will be accepted.
- Proof of **new** name must be submitted using one or more of the following pieces of identification: (If providing this documentation by mail, please send copies only.)
 1. State Driver's License or ID Card
 2. Legal Court Document
 3. Passport
 4. Marriage License
 5. Social Security Card (card must be signed)
- If your request for a change to your name occurs during the semester, it is your responsibility to notify your instructor(s) in writing so that grades are assigned properly.
- To appear on the diploma, name changes must be submitted **no later than** the deadline to apply for graduation.
- Please allow five business days for processing. After the name change is processed, you may contact the Auxiliary Services Office for instructions on obtaining a new student identification card and the IT Department for obtaining an updated University issued email address that reflect the name change.

Student Information

Student UID: _____ Birthdate ____/____/____

Name as it currently appears on official University Records:

Last Name _____ First Name _____ Middle Initial ____

Your New Name: (As it appears on the attached documentation)

Last Name _____ First Name _____ Middle Initial ____

My signature below certifies that I am requesting that my name be changed on official records at Florida Polytechnic University, and that the information I have provided on this form is true and accurate to the best of my knowledge.

Student signature: _____ Date: _____

Office of the University Registrar: _____ Date Processed _____