

# CHANGE OF NAME FORM

University of Northern Virginia

\_\_\_\_\_  
DATE

**I am changing my name from:**

\_\_\_\_\_  
LAST FIRST MIDDLE

TO:

\_\_\_\_\_  
LAST FIRST MIDDLE

The following information is used for identification purposes only:

\_\_\_\_\_  
Student ID Number\*

\_\_\_\_\_  
Date of Birth

Please provide us with a copy of one of the following documents showing your new name:

- Social Security Card (if applicable)
- copies of marriage certificate
- court approved document

PERMANENT MAILING ADDRESS:

PLEASE FILL IN COMPLETELY AND ACCURATELY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAJOR: \_\_\_\_\_  
ARE YOU CURRENTLY ENROLLED: \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

EXACT DATES OF ATTENDANCE: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

DEGREE(S) RECEIVED: \_\_\_\_\_

GRADUATION DATE(S): \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

Mail To: University of Northern Virginia  
Office of the Registrar  
10021 Balls Ford Rd  
Manassas, VA 20109

OFFICE USE ONLY

Data Base: \_\_\_\_\_

Currently Enrolled: \_\_\_\_\_