



The University of Mississippi

Registrar's Office

104 Martindale

Post Office Box 1848

University, MS 38677

Phone: (662) 915-7792 Fax: (662) 915-7793

REQUEST FOR CHANGE OF NAME ON UNIVERSITY OF MISSISSIPPI RECORDS

This information is being requested for the purpose of enabling the University to accurately identify your records. The University does not assume responsibility for verification of the legality of the use of any name by a current or former student.

Documentation must be presented to indicate that the name as it is requested appears on at least two other legal records. (Suggested documents include social security card, driver's license, passport, court decree, birth/marriage certificate). If this name change is being done by mail, certified copies of two supporting documents should be attached to this request and mailed to the address above.

Please print or type:

_____ ***Full name as it currently appears on University records***

_____ ***UM Student ID Number***

_____ ***Date of Birth (Month/Day/Year)***

_____ ***Name as you wish it to appear on University records (No initials, please)***

_____ ***Your Signature***

_____ ***Date***

Current Mailing Address: _____

Phone: (_____) _____ ***e-mail:*** _____

*****Do note write below this line*****

For office use only

Date/Initials

: Received 2 legal documents; changed name in DD1 and IDX5 _____ / _____

Changed permanent record card and student's folder _____ / _____