



THE UNIVERSITY of  
**MISSISSIPPI**  
OFFICE OF THE REGISTRAR

***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.

**Please print or type:**

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

First name

Middle

Last name

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

First name

Middle

Last name

Student ID Number or SSN

Date of Birth (Month/Day/Year)

Phone

E-mail

**Reason for Name Change:**

Marriage  Divorced  Other \_\_\_\_\_

**Signature**

**Date**