

## REQUEST FOR CHANGE OF NAME ON UNIVERSITY OF MISSISSIPPI RECORDS

This information is being requested for the purpose of enabling The University of Mississippi to accurately identify your records. (The university does not assume responsibility for verifying the legality of using of any name by a current or former student.)

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

## Please print or type:

Full name as it currently appears on University of Mississippi records		
First name	Middle	Last name
Full name as you wish it to	appear on Univ	ersity of Mississippi 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 ( ) C	Other	
Signature		Date