



Office of the Registrar
University of Cincinnati
P. O. Box 210060
Cincinnati, OH 45221-0060
(513) 556-9900

NAME CHANGE REQUEST FORM
(Please print answering all questions completely)

OLD NAME: _____
(LAST) (FIRST) (MIDDLE)

NEW NAME: _____
(LAST) (FIRST) (MIDDLE)

REASON FOR CHANGE: (Note: Documents must be attached to support request for change)

This is to certify that I have on this day made the request that the University of Cincinnati change this name on my permanent record.

SIGNATURE: _____

(PLEASE SIGN AS YOU WISH YOUR NAME TO APPEAR)

SOCIAL SECURITY NUMBER: _____ **DATE:** _____

CURRENT MAILING ADDRESS: _____

DATE YOU LAST ATTENDED THE UNIVERSITY OF CINCINNATI: _____

Please return this form to: Tricia Niese, University of Cincinnati, P. O. Box 210060, Cincinnati, OH 45221-0060