

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

BY MAIL TO:

Office of the Registrar
University of Minnesota Duluth
1049 University Drive
Duluth MN 55812-3011

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu).**

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

STUDENT NAME CHANGE REQUEST

Directions

Complete this form to change your primary (official) name on an admission application or your record.

Acceptable forms of identification to include when submitting this form:

- **Students receiving financial aid** must submit a photocopy of their Social Security card.
- Students or employees whose **name change is due to a gender change** must submit a copy of their driver's license or court order in addition to their Social Security or passport/visa.
- **Students not receiving financial aid and International students** must submit a photocopy of either their Social Security card or passport/visa. International students also need to contact the International Student Services (ISS) Office at 237 Kirby Student Center, 1120 Kirby Drive, Duluth, MN 55812-3085 or call 218-726-7305.

To receive a new UCard, current students may contact the UCard office at 218-726-8814.

RETURN FORM:

BY MAIL TO:

Office of the Registrar
University of Minnesota Duluth
1049 University Drive
Duluth MN 55812-3011

IN PERSON ON CAMPUS TO:

One Stop Student Services 23
Solon Campus Center

QUESTIONS?

Phone: 218-726-8000
TTY (hearing impaired):
800-627-3529
Email: umdhelp@d.umn.edu

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information.

Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

PART A. Name change			
Previous name			
Last name	First name	Middle name	Suffix
New Name (as it appears on the attached photocopy of your Social Security card or passport/visa)			
Last Name	First name	Middle name	Suffix

PART B. Student Information		
University ID	Social Security Number	Birthdate (mm/dd/yyyy)
Current mailing address (street, apartment number or P.O. box number, city, state, ZIP code, country)		Phone Number
University email (or personal email, if none)	Term/year last attended <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> May session <input type="checkbox"/> summer year _____	

PART C. Certification	
My signature below certifies that I am requesting that my name be changed on University of Minnesota records, and that the information I have provided on this form is true and accurate to the best of my knowledge.	
Signature	Date

One Stop Student Services Validation			
<input type="checkbox"/> Social Security card photocopy submitted	<input type="checkbox"/> Social Security number NOT required	Date	Initials

Office of the Registrar use			
Active HR Record Y/N	<input type="checkbox"/> Name Updated	<input type="checkbox"/> Student notified	Date
			Initials

To request this form in an alternative format: 218-726-8000. UMD is an equal opportunity employer and educator.