



INFORMATION

To change the legal name maintained on the student's official UCF record, the student **must** complete this form and submit it with supporting documentation **to the appropriate UCF office:**

- **Undergraduate** students must submit the form to the **Registrar's Office** (MH 161; 407-823-3100)
- **Graduate** students must submit the form to the **College of Graduate Studies** (MH 230; 407-823-2766)

UCF Employees may not use this form:

Current, and former, UCF employees must submit their name change requests directly to Human Resources. Please email your request to Records@ucf.edu ATTN: Kelly Fernandez.

You will need to include a Personal Data Sheet <https://hr.ucf.edu/wp-content/uploads/sites/17/PersonalDataSheet.pdf> and a copy of your SSN card so that they can make the change.

If you have changed your mailing or permanent address, please edit this online via Workday.

If you have already filed an Intent to Graduate, contact the Registrar's Office Graduation Area to ensure that your updated name appears on the diploma and Commencement Program.

PERSONAL INFORMATION

UCFID _____

Telephone _____ Knights Email _____

CURRENT NAME (UNDER WHICH YOU ARE CURRENTLY REGISTERED AT UCF)

Last _____ First _____ Middle _____

NEW PREFERRED FIRST NAME

Preferred First Name _____

NEW LEGAL NAME

Last _____ First _____

Middle or Maiden _____

(Please be advised that the next time you replace your UCF ID card, your updated name will appear on it)

Please indicate the acceptable documentation you will provide with this form:

- | | | |
|---|--|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Official Name Change from Court | <input type="checkbox"/> Government ID |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Divorce Decree | |
| <input type="checkbox"/> Military ID | <input type="checkbox"/> Passport | |

SIGNATURE

Student Signature _____ Date _____

Due to need to authenticate signatures, this form cannot be signed electronically.