

UNIVERSITY OF CENTRAL FLORIDA REGISTRAR'S OFFICE CHANGE OF NAME Return completed form to:

Registrar's Office | Millican Hall 161 P.O. Box 160114, Orlando, FL 32816-0114 407.823.3100 | roenrollment@ucf.edu

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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 Registrar's Office.

UCF Employees may not use this form:

Current UCF employees: Submit your name change via Workday (Personal Information-Legal Name) and attach a copy of your SSN card.

Former employees: Submit your name change via email to knextverify@ucf.edu . You will need to include the personal data sheet, https://hr.ucf.edu/wp-content/uploads/sites/17/PersonalDataSheet.pdf and a copy of your SSN card. Please password protect the SSN card, and email the password in a separate email to knextverify@ucf.edu .

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

In you have changed your maning of p	ermanent address, piedse ean tins	omme via workday:
PERSONAL INFORMATION		
UCFID		
Telephone	UCF Email	
I am a: Graduate Student Unc	dergraduate Student	
CURRENT NAME (Under which you	ore surrently registered at LICE)	
	are currently registered at UCF)	
Last	First	Middle
NEW PREFERRED FIRST NAM	1E	
Preferred First Name		
NEW LEGAL NAME (Please be a	dvised that the next time you replace you	r UCF ID card, your updated name will appear on it)
Last	First	
○ Middle or ○ Maiden		
Change: Primary Name Diplo	oma Name Primary and Diploma	n Name
Please indicate the acceptable documentation you will provide with this form:		
Driver's License	Official Name Change from	n Court Government ID
□Social Security Card	Divorce Decree	
□Military ID	□Passport	
SIGNATURE		
Student Signature		Date
_		×
Due	e to need to authenticate signatures, this	form cannot be signed electronically.