

#### UNIVERSITY OF CENTRAL FLORIDA

#### INSTRUCTIONS

Complete the "Student" portion of this form and return to the Registrar's Office with a copy of a photo ID (the ID may be scanned separately or onto this document, as a PDF or you can take a picture, if you choose to email). You may drop the documents off in person, fax them to 407-823-5022, or email them to registrar@ucf.edu. Illegible forms will not be processed.

| S  | TUDENT INFORMATION                                 |  |
|----|--|--|
| Na | me (any current or prior name while attending UCF) |  |

UCF ID

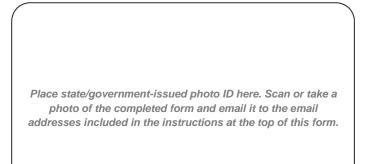
Date of Birth

Phone Number

#### Please update email to:

Updated Email:

## **STUDENT VERIFICATION**



## SIGNATURE

Student Signature

Date

### **REGISTRAR'S OFFICE USE ONLY**

Processed By

Date

# **EMAIL CHANGE FORM**

Return completed form to: Registrar's Office | Millican Hall 161 P.O. Box 160114, Orlando, FL 32816-0114