

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

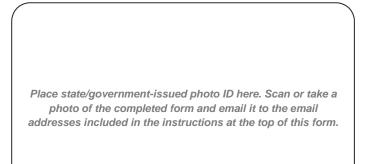
Date of Birth

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