

UNIVERSITY OF CENTRAL FLORIDA

CHANGE OF NAME

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

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**.

Former and current 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.			
PERSONAL INFORMATIO	N		
UCFID			
Telephone	l	ICF Email	
I am a: Graduate Student	Undergraduate Stud	lent	
CURRENT NAME (Under whi	ich you are currently re	gistered at UCF)	
Last	Firs	t	Middle
NEW PREFERRED FIRST	NAME		
Preferred First Name			
NEW LEGAL NAME (Pleas	se be advised that the n	ext time you replace your UCF ID card, you	ur updated name will appear on it)
Last	Firs		
LdSI	FIIS	l .	
O Middle or O Maiden			
Change: Primary Name	Diploma Name	Primary and Diploma Name	
Please indicate the acceptable documents	mentation you will provi	de with this form:	
□Driver's License		☐Official Name Change from Court	
☐Military ID	□D	vorce Decree	
☐Government ID	□Pa	assport	
SIGNATURE			
Student Signature			Date
	Due to need to auth	nenticate signatures, this form cannot be si	igned electronically.