



Name Change Form

As of **(date)** _____, I request that my name be changed on my official University of Richmond records as follows:

Please print clearly.

From (Previous Name): _____
First Middle Last

To (New Name): _____
First Middle Last

Graduate Year: _____

Date of Birth (MM/DD/YYYY): _____

Student ID Number: _____ (8-digit University ID number)

For Reason of: _____
(Marriage, court order, or specific other)

Please provide the following documentation:

1. A certified copy of a marriage certificate, court order, or dissolution decree reflecting the new name in full;
2. Driver's License, Passport, Government or Military I.D. for verification

I fully understand, and aware of, possible complications that may occur from this change and, therefore, do not and will not hold University of Richmond liable in any way. I also understand that the Office of the University Registrar at University of Richmond will notify the appropriate University of Richmond departments of this change, but it is my responsibility to notify any instructors of courses in which I am currently enrolled.

Signed: _____ Date: _____

For Office Use Only:

Initials: _____ Date: _____

Copy of documentation attached
(required): _____ (please check)