



Name Change Affidavit

*This form cannot be submitted electronically and it must be notarized.
Please type in the required information, print, sign, and mail the completed form to the address below.*

University of Richmond will honor a request for a name change which is supported by a notarized affidavit.

Student I.D. or SSN: _____ DATE Month: _____ Day: _____ Year: _____

The undersigned, being duly sworn, deposes that prior to the date indicated below, he or she was enrolled at the University of Richmond (type former name below).

FORMER

FAMILY Name: _____ First: _____ Middle: _____

that on about (date) _____, his or her name was changed to:

NEW

FAMILY Name: _____ First: _____ Middle: _____

And that this is the name which he or she is now and will hereafter be known.

Student's Signature: _____

County of: _____

State of: _____

Subscribed and sworn to before me this (date): _____

Notary's Signature: _____

OFFICIAL NOTARY STAMP

List all schools attended at the University of Richmond, dates of registration and degrees or certificates earned.

SCHOOL	DATES	DEGREE

Please update my records with this name change information.

Please mail the completed, notarized form to:

Office of the University Registrar
142 UR Drive
University of Richmond, VA 23173