



Chosen Name Change
Complete Section I

Legal Name Change
Complete Section II

Both
Complete Section I & II

NAME CHANGE REQUEST FORM

Section I

1. Legal Name:

Last First Middle

2. Student ID : _____

3. Chosen Name: _____

4. Are you a Graduate Assistant? YES or NO

Section II

1. New Name:

(Print your name **EXACTLY** as it is to appear on your permanent record)

Last First Middle

2. **Previous** name(s) used (if more than one, list all previous names):

Last First Middle

Last First Middle

3. Student ID : _____

4. Date of Birth _____

Month Day Year

5. Currently registered at UD? ____ yes ____ no If no, last date attended: _____

Signature (**Required**): _____ Date: _____

Notary Signature & Seal _____
(required for Section II only)

Emailed or faxed name changes will not be accepted. If mailing, the form must have a notary's signature and seal, certifying that you have presented appropriate documentation with your new name to the notary. Return the original notarized form and a copy of the required documentation to Flyer Student Services, 300 College Park, Dayton, OH 45469-1601.

For additional information, please visit: https://udayton.edu/fss/registrar/requests-services-forms/name_change.php