



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: \_\_\_\_\_

Emailed or faxed name changes will not be accepted. Return the original 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/your\\_resources/your\\_forms/name\\_change.php](https://udayton.edu/fss/your_resources/your_forms/name_change.php)