

OFFICE OF THE REGISTRAR  
SCHOOL OF LAW  
UNIVERSITY OF DAYTON  
300 COLEGE PARK  
DAYTON, OH 45469-2772

Request for Name Change On Permanent Academic Record

**PLEASE PRINT. ALL ITEMS MUST BE COMPLETED.**

1. New Name: (Last, First, Middle)

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2. Previous Name Used (if more than one, list all previous names):

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3. Social Security Number: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_  
Month Day Year

5. Currently registered at UD? Yes ☐ No ☐

6. If not currently registered, please give last semester attended: \_\_\_\_\_  
Semester Year

**You must submit a legal document with your name change, ex., birth certificate, marriage license etc.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Signature \_\_\_\_\_ Commission expires on: \_\_\_\_\_

Notary seal: