UNIVERSITY OF COLORADO AT DENVER & HEALTH SCIENCES CENTER
OFFICE OF THE REGISTRAR
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NAME CHANGE AND RECORD UPDATE REQUEST FORM

Before processing any student name change, official documentation and/or identification **must** be provided by the student. A **signed** student request is also needed for our records.

Please check one and provide a copy from the following acceptable documentation and/or identification:

- ☐ Valid drivers license
- ☐ Military ID
- ☐ Passport
- ☐ Official Court Divorce Forms
- ☐ Official Marriage License
- ☐ Official Court Name Change
- ☐ State Issued ID
- ☐ Social Security Card
- ☐ Birth Certificate

General Student Information:

My **Full** Name is (please print): _____
Last Name First Name Middle Name

My Student Number is: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Please select from the following:

Option 1:

_____ My student name has ***changed*** or has been ***spelled incorrectly***.

My Name **currently** appears as (please print): _____
Last Name First Name Middle Name

My Name **should** appear as (please print): _____
Last Name First Name Middle Name

Option 2:

_____ My birth date is recorded incorrectly.

My correct birth date is: ___ ___ / ___ ___ / ___ ___ ___ ___

Option 3:

_____ My social security number on my records is incorrect or missing.

My Social Security # is: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Option 4:

_____ I do not have a social security number and have been assigned an (**A**)lien registration number **OR** unique (**C**)ollege Opportunity Fund ID number.

My number is (circle one): **(A / C)** ___ ___ - ___ ___ - ___ ___ ___ ___

Student Signature: _____ **Phone Number:** (____) _____ **Date**: _____

Note: Requests require up to 5 business days for processing. Name change requests cannot be processed the first two weeks of classes or four weeks prior to the end of term.

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