

REGISTRAR STAFF ONLY
Date Received:
Received By:
Date Processed:

Legal Name Change Request

This form and supporting documentation must be submitted to the Office of the University Registrar before any legal name change or correction can be made on your official University records.

- Your name cannot be changed without a written request from you. No second party notification of a name change will be accepted.
- Proof of **new** name must be submitted using one or more of the following pieces of identification: (If providing this documentation by mail, please send copies only.)
 - State issued driver's license or ID card
 - Legal court document
 - Passport
 - State issued marriage license
 - Social Security Card (card must be signed)
- If your request for a change to your legal name occurs during the semester, it is your responsibility to notify your instructor(s) in writing so that grades are assigned properly.
- To appear on the diploma, name changes must be submitted **no later than** the deadline to apply for graduation.
- Students who work for the university will also need to update their name with HR.
- Please allow five business days for processing. After the name change is processed, you may
 contact the Auxiliary Services Office for instructions on obtaining a new student identification
 card and the IT Department for obtaining an updated University issued email address that reflect
 the name change.

Student Information:

Student UID:	Date of E	Birth/
Have you applied to graduate? N	o Yes (Term:	Year:)
Name as it currently appears on offi	cial Florida Polytechnic Ur	niversity records:
Last Name	First Name	Middle Name
Your new legal name (as it appears	on the attached documen	tation):
Last Name	First Name	Middle Name
My signature below certifies that I a records at Florida Polytechnic Univertine and accurate to the best of my	rsity, and that the informa	al name be changed on official ation I have provided on this form is
Student's Signature:		Date: