



Office of the Registrar

NAME CHANGE REQUEST

Name _____ Current UTD-ID _____

Phone Number _____ E-mail _____

NAME CURRENTLY ON UTD RECORDS:

Please print legibly

Last First Middle

CHANGE NAME TO:

Last First Middle

Required Documentation (Only one (1) document required). Indicate below the proof you are submitting with your NAME change request.

Current Driver's License _____ Passport _____ Marriage License _____

Court Order _____ Other _____

Signature

Date

Note: The Name Changes Batch runs only on Wednesday nights. By Thursday morning you should be able to see your "new" name. Your ID number will automatically be linked to your new name. **Your name will only be changed if you submitted your supporting documents.**

For Office Use only:

Receiver (initial): _____

Supporting Document: _____

Registrar's Office Stamp: