

UNIVERSITY OF MICHIGAN-DEARBORN
OFFICE OF REGISTRATION & RECORDS
Name Change and/or Address Information Form

PLEASE PRINT

| | | |
|---------------------------|-------|--------------|
| CURRENT NAME _____ | | |
| Last | First | Middle |
| _____ | | _____ |
| UMID/EmpID/Student Number | | Today's Date |
| SIGNATURE _____ | | |

NAME CHANGE

| | | |
|---|-------|--------|
| CHANGE NAME TO _____ | | |
| Last | First | Middle |
| EFFECTIVE DATE _____ | | |
| REASON FOR CHANGE _____ | | |
| <i>Legal documentation required: driver's license/state ID, court documentation, or social security card.</i> FINANCIAL AID STUDENTS MUST PROVIDE SOCIAL SECURITY CARD AS PROOF OF NAME CHANGE. | | |

ADDRESS CHANGE

| | | |
|---|-----------|------------------|
| <input type="checkbox"/> Please check here if you have applied to graduate and would like your diploma mailed to the new address below. | | |
| _____ | | |
| New Address: number, street, apartment (30 characters Maximum) | | |
| _____ | | |
| City | State | Zip Code |
| _____ | | |
| Permanent Telephone: | Area Code | Telephone Number |
| _____ | | |
| Business Telephone: | Area Code | Telephone Number |
| _____ | | |

Office Use Only: In Person _____ Written _____