

UNIVERSITY OF MINNESOTA

Crookston Campus

Office of the Registrar

9 Hill Hall
Crookston, MN 56716-5001

218-281-8548
Fax: 218-281-8549
Toll Free: 1-800-862-6466
<http://www.uncrookston.edu>

NAME CHANGE REQUEST

Complete this form to change your official name on an application or on your student academic record. Please allow seven working days for processing.

• **IMPORTANT: Name changes must reflect your exact name as it appears on your Social Security card. You must submit a photocopy of your Social Security card along with this form.**

- If you have applied for undergraduate admission but have not registered at the University, submit this form to the Office of Admissions, 170 Owen Hall, 2900 University Avenue, Crookston, MN 56716-5001.
- If you are now registered, or are a previous or returning student, submit this form to the Office of the Registrar, 9 Hill Hall, 2900 University Avenue, Crookston, MN 56716-5001.
- To receive a new U Card after the name change has been processed, current students should contact the Office of the Registrar at 9 Hill Hall, or call 218-281-8548 for locations, hours, and other information.

ID number	social security number (last 4-digits)	date of birth
-----------	--	---------------

I request that my name be changed on University of Minnesota records.

PLEASE PRINT CLEARLY

last name(s)	first name(s)	middle/former name(s)	Suffix
old:			
new:			

University of Minnesota campus last attended or applied to	term/year last attended
--	-------------------------

If you have filed a degree application and have not yet graduated, do you want to change the name on your diploma?	
Yes	If yes, for what term and year of graduation did you apply? _____
No	

Signature	today's date
-----------	--------------

current mailing address			
Street	city	state	zip code

for office use only	
updated by	date

The University of Minnesota is an equal opportunity employer and educator.