UNIVERSITY OF NEVADA LAS VEGAS
GRADUATE COLLEGE

NOTIFICATION OF NAME CHANGE

I hereby request that my name be changed on the permanent records of the University of Nevada, Las Vegas. Request must be accompanied by a document which verifies the change; the document will be returned immediately to the student.

THIS SECTION TO BE COMPLETED BY STUDENT:

PRESENT NAME (*Print*) _____ *Last* _____ *First* _____ *Middle*

FORMER NAME (*Print*) _____ *Last* _____ *First* _____ *Middle*

ADDRESS (*if changed*) _____ *Street* _____ *Apt. #* _____ *City* _____ *State* _____ *Zip Code*

PHONE (*if changed*) _____

DATE OF BIRTH _____ *Month* - _____ *Day* - _____ *Year* STUDENT ID (*L#*) or SSN _____

☐ New Admit
☐ Currently enrolled
☐ Special
☐ Returning

If NOT currently enrolled:

Last Registration _____ *Semester* _____ *Year*

Next Registration _____ *Semester* _____ *Year*

Have you filed an application for graduation? ☐ Yes ☐ No _____ *College* _____ *Major*

Student's Signature _____

University of Nevada, Las Vegas
Flora Dungan Humanities (FDH) Building Room 352
4505 S. Maryland Parkway Box 451017
Las Vegas, NV 89154-1017
Fax (702) 895-4180

OFFICE USE ONLY

☐ Marriage certificate
☐ Court order changing name
☐ Birth certificate
☐ Record legal name on records
☐ Affidavit

Document number _____
Place _____
Document date _____
Verified by _____ Date _____

ORDER FOR PROCESSING CHANGE OF NAME

Initials	Date