## REQUEST FOR NAME CHANGE

UNC Asheville Office of the Registrar 011 Ramsey Library, CPO 1570, Asheville, NC 28804 Phone: (828)350-4500

Last Name:

First Name:

\*\*Note: If making this request by mail, all supporting documentation must be notarized. \*\*
Notary's statement must certify the document to be a complete, full, true and exact reproduction of the original document.

Notary's statement must certify the document to be a comple	ete, full, true and exact reproduction of the original document.
PART I: STUDEN	IT INFORMATION
Current Name on record:	
Student ID Number:	Phone #:
Primary Email Address:	
Current Mailing Address:	
1st term of enrollment at UNC Asheville:	Please Select One: ☐ Name Correction ☐ Name Change
Are you currently enrolled at UNCA? $\ \square$ Yes $\ \square$ No	
If yes, a name change does not automatically update you pdated to reflect your new name? $\ \square$ Yes $\ \square$ No	our UNC Asheville email address. Would you like it  If Yes, Degree Awarded:  For Office Use Only
If not currently enrolled, did you graduate from UNCA?  □Yes □No	If Yes, Degree Awarded:
	Vin
PART II: RECUIESTED CHANG	GE IN NAME [please print clearly]
FROM: Print Your Current name on record at UNCA	OL IN NAME (please print clearly)
Last Name First	t Name Middle Name
TO: <u>Print</u> your legal name exactly as it appears on the legal document	
Last Name First	t Name Middle Name
Student Signature:	Date:
Requests cannot be processed	d without a full regal signature
PART III: DOCUMEN	TATION PRESENTED
In order to process a name change, legal documentation provide the <u>original</u> document or a <u>notarized copy</u> . For driver's license is required. For name changes, you must	name corrections, eg. spelling errors, only your
☐ Driver's License ☐ Passport ☐ Naturaliz	zation Papers   Social Security Card   Birth Certificate
☐ Marriage Certificate ☐ Divorce D	Decree
-	TIVE USE ONLY
Approved and Processed by:	Date: