

Request for Change Name

Today's Date: _____ Last Term Enrolled: _____

Name (*print*): _____ ID: _____

Address (*street, city, state, zip*): _____

Phone: _____ Email: _____

Indicate below the change requested and submit the necessary documentation to Registrar's Office, University of Wisconsin-Whitewater, 800 West Main, Whitewater, WI 53190.

REQUESTS RECEIVED WITHOUT PROPER DOCUMENTATION WILL NOT BE PROCESSED

____ **Name Change** from: _____

to: _____

Requires Copy of Legal documentation and a form of picture ID **OR**
Copy of Two forms of photo ID – one with old name and other
with new name

Your signature: _____ **REQUIRED**

Have questions? Contact us via phone (262-472-1580) or email Registrar@uww.edu