



REQUEST *for* NAME CHANGE

UC IRVINE • UNIVERSITY REGISTRAR

Document# _____	Initials _____
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UG GR LW MD

Current name on UCI records (last,first,middle) _____ Student ID number _____ Email _____

School _____ Major _____

I certify that the information provided on this form is true and request my name be changed on UCI records to:

Last _____ First _____ Middle _____

Student Signature _____ Date _____

The University maintains your records under your full legal name. Strong evidence is required to establish a link between you and the record being changed. **You must provide the following required supporting documents:**

- Documentation showing your name as it currently appears on your UCI records.**
(picture ID is preferred; birth certificate or social security card is acceptable)

AND one of the following pertaining to your personal circumstances:

- Marriage:**
 - copy of marriage certificate, OR
 - license and certificate of marriage, OR
 - license and certificate of confidential marriage, OR
 - certified abstract of marriage
- Dissolution of Marriage:**
 - copy of dissolution of marriage judgment with maiden name restored
- Court Order:**
 - copy of court order or Decree Changing Name (NC-130)
- Naturalization (both are required):**
 - copy of Certificate of Naturalization and
 - USCIS Petition for Name Change
- Usage:**
 - current documentation that you are using your new name to transact business with both state and federal agencies (**both are required**)
 - valid state issued driver license, or state issued ID card with new name; and
 - US passport or social security card with new name; and
 - documentation that "links" your current and new name.

For Registrar's Office Use Only	<input type="checkbox"/> S005 Name Change	<input type="checkbox"/> S008 Name Correction	Effective Date: _____
_____	_____	_____	_____
Last	First	Middle	