



Please complete this form and send it to the agency in which your legal name change is recorded. Request that the appropriate agency forward the required written verification directly to the Office of the University Registrar, addressed as indicated below. The Office of the University Registrar will process your requested name change when the required written verification is received from the agency.

Please print all information clearly to facilitate processing.

To Whom It May Concern:

I \_\_\_\_\_ hereby authorize your agency to release an original certified copy of my legal name change to the Office of the University Registrar at the University of Florida.

Signature

Date

Contact Information:

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

My current student record identification number (UFID): \_\_\_\_\_

My current student record identification name: \_\_\_\_\_

Please provide the following information to allow the appropriate agency to process this request:

Case Number: \_\_\_\_\_

Former Name: \_\_\_\_\_

New Name: \_\_\_\_\_

Date of Change: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Amount of fee enclosed (if necessary): \_\_\_\_\_

Please direct the agency to mail the requested verification credentials along with this form or a copy of it to:

Office of the University Registrar
Attn. Request to Change Official Record
P.O. Box 114000
222 Criser Hall
Gainesville, FL 32611-4000