UF UNIVERSITY of FLORIDA

Request to Change Official Record

Please **print** all information clearly to facilitate processing.

Current student record identification number - UFID _____ Current student record identification name _____

Check desired record change(s) and provide corresponding information.
Please note: Allow 3-5 working days to process your request. Social Security Number and name changes cannot be processed the Wednesday before final exams through the Wednesday after commencement due to grade processing.

Social Security Number change

Check to verify that you have:

- ❑ Attached copy of social security card verifying new information.
- ❑ Completed the Authorization to Release Social Security Number form. The Office of the University Registrar will verify your Social Security Number with the Social Security Administration.

Currently listed as: ___ - ___ - _____

Change to: ___ - ___ - _____

Name change

Check to verify that you have:

- ❑ Received the Authorization to Release Certified Legal Name Change form.
- ❑ Understand that the Office of the University Registrar will not process your requested name change until the required credentials are received directly from the appropriate agency.

Current Name:
(as on UF records) _____
Last First Middle

Requested Name Change: | | | | | | | | | | | | | | | | | | | | | |
Last First Middle/Maiden

Only 21 characters, including spaces, may be used.

Other

Current Listing: _____

Requested Change: _____

To ensure proper record identification, please provide the following information:

_____
Name under which you were enrolled, if different from above.

Current mailing address: _____
Street City State Zip

I certify that I am the person named above.

_____ _____
Signature Date

Office Use Only	
Posted by	Cleared by
Date	Date