



DATE EFFECTIVE _____

Change of Name Form

Student Information ID#: _____ Social Security #: _____

NEW NAME: _____
Last First M.I.

FORMER NAME: _____
Last First M.I.

Street: _____ Apt #: _____

City: _____ State: _____ Zip: _____

County: _____ Phone Number: (____) _____

I am currently a: Undergraduate Student Graduate Student Current/Former Employee

I hereby understand and declare that by signing this form all name changes have been legally documented. A copy of your driver's license or legal document must be submitted along with this form.

If you have already signed up for direct deposit of refunds from your Student Account, you will need to update your name change with our service provider, QuickPay. Please log onto Titan Web and click the Direct Deposit link. This is all you need to do to update your name. If you have any questions, please call Student Accounts at x1332.

Signature or Validation: _____

The University requests and uses your social security number (SSN) to validate your identity. No statute or other authority requires disclosure of the SSN for this purpose. Failure to provide a SSN, however, may result in our inability to change your name as requested. Further disclosure of the SSN is restricted by the Wisconsin Public Records Act and other State and Federal Laws.

Return to: UW Oshkosh, Registrar's Office, Attn: Name Change, Dempsey Hall Room 130, 800 Algoma Blvd., Oshkosh, WI 54901