FACULTY/STAFF (Who are not a current or former student): Complete your name change via the HR Self-Service Web site.

STUDENTS (Current & Former): Forward completed form and appropriate documentation to:

UI Service Center 2700 UCC Iowa City, IA 52242 319-384-4300 Fax: 319-335-1999

Email: registrar@uiowa.edu

THE UNIVERSITY OF IOWA REQUEST FOR CHANGE OF NAME

I hereby request that my name be changed on all permanent University records.

PLEASE PRINT				
Former Name:	New Name: Last name: First: Middle: Generation (Jr, III, etc.):			
Last name:				
First:				
Middle:				
Generation (Jr, III, etc.):				
Contact information (phone or email):				
University ID, Hawk ID or				
Social Security Number:	Birth date:	Date	Year	
Handwritten Signature (new name):	Date:			
Have you ever been enrolled at the University of Iowa	☐ Never been a stud	lent contact HR (319) 335-2380	
currently enrolled students should report to the UI Service Center, 2 and then to the ID Card Services for a corrected Iowa One Card. This ddress.	• • • • • •		_	
current and Former Students: One of the documents listed below m r emailed, in order to process a name change. The submitted docur		•	mitted by mail, fax	
OCUMENTATION: (Must support new name)				
\square Military or State Issued Identification with photon	o (ex. driver's license)			
☐ Official Marriage Certificate (Not bride or groom copt☐ U.S. Social Security Card (Must be signed)☐ Birth Certificate	☐Citizenship	☐ Government Issued Passport (Must be signed) ☐ Citizenship/Naturalization Certificate ☐ Court Issued Adoption Papers		
☐ Court Issued Name Change		☐ Court Issued Divorce Decree		
REGISTRAR OFFIC	CE USE ONLY:			
Processed By	Date Processed			
☐ In person ☐ Email ☐ US Mail		☐ Former		
☐ Campus Mail ☐ Fax	□ S	☐ Standard		

☐ Official Student