



Notification of Student Name Change

University of Maryland University College
ATTN: Registration Services
Unit 29216
APO AE 09102

PLEASE PRINT OR TYPE.

Name as it appears on your university records:

Last First Middle Initial

Name as you wish it to appear on your university records:

Last First Middle Initial

Your SSN _____ Date of Birth _____

Reason for change _____

A request for a name change on official records of University of Maryland University College **must** be accompanied by **one** of the following:

Copy of a court order, or

Copy of your marriage certificate, or

Notarized statement from the legal officer certifying the name change

Note: The university reserves the right to request additional information/documentation.

- I have enclosed a copy of a court order documenting this official change.
- I have enclosed a copy of a marriage certificate documenting this official change.
- I have completed the statement shown below and have had it notarized.

I intend to continue to use the new name indicated above consistently, and I have not adopted this name for any fraudulent purposes.

Signed _____ Today's date _____

Sworn before me this _____ day of _____ year;

_____ personally appeared.

SEAL

Notary Public

Commission Expires _____