**\*\*\*\* This form is for Undergraduate use only. For Graduate students, contact Graduate School\*\*\*\***

 *Optional for Students.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UNCP ID** | **8** | **4** | **0** |  |  |  |  |  |  |  | **SSN** |  |  |  | - |  |  | - |  |  |  |  |

|  |  |
| --- | --- |
| **Current Name** | **(First) (Middle) (Last)** |
| **New Name** | **(First) (Middle) (Last)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Birth** | **MM/DD/YYYY** | **Telephone:** |  |
| **Email Address:** |  |
| **Have you applied for graduation?** | YES |  | NO |  |

|  |
| --- |
| **Statement of Responsibility:** |
| I assure responsibility for the consequences or problems that may occur as a result of this change of my name. There is no intent on my part to defraud theUniversity of North Carolina at Pembroke.***Please note:***Employment verification requires a social security card to ensure that the name and social security number on record match the name and number on the social security card. |

|  |  |  |
| --- | --- | --- |
| **Student/Alumni Signature** | **MM/DD/YYYY** | **Date** |

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| --- |
| **Office Use Only** |

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| --- | --- |
| **Received on:** |  |
| **Received by:** |  | **Department:** | **Registrar’s Office** |

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| **Processed on:** |  |
| **Processed by:** |  | **Department:** | **Registrar’s Office** |

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| Required Documents (copied and attached to this form) |
| Driver’s License |  | Passport |  |
| Social Security Card |  | Court Documents |  |
| Divorce Decree |  | F, J, IR1, CR1 Visa Card/Documentation |  |
| ***NB:*** *Only 1 type of document evidence is needed* |