

# Name Change Form

**Mail:** UNC at Pembroke  
Office of the Registrar  
P.O. Box 1510  
Pembroke, NC, 28372  
**OR: Fax:** 910-521-6328

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

<b>UNCP ID</b>	8	4	0						
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<b>SSN</b>				-			-			
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Optional for Students.

<b>Current Name</b>	(First)	(Middle)	(Last)
<b>New Name</b>	(First)	(Middle)	(Last)

<b>Date of Birth</b>	MM/DD/YYYY	<b>Telephone:</b>	
<b>Email Address:</b>			
<b>Have you applied for graduation?</b>	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 the University 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.

<b>Student/Alumni Signature</b>	MM/DD/YYYY	<b>Date</b>
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## OFFICE USE ONLY

<b>RECEIVED ON:</b>			
<b>RECEIVED BY:</b>	<b>DEPARTMENT:</b>	<b>REGISTRAR'S OFFICE</b>	

<b>PROCESSED ON:</b>			
<b>PROCESSED BY:</b>	<b>DEPARTMENT:</b>	<b>REGISTRAR'S OFFICE</b>	

## 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