



Office of the Registrar  
1441 N. Cable Road  
Lima, OH 45805

# STUDENT NAME CHANGE APPLICATION

Former Name \_\_\_\_\_  
*First Middle Last*

Present Name \_\_\_\_\_  
*First Middle Last*

UNOH ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SUBMIT THIS FORM WITH ONE OF THE FOLLOWING:**

a signed copy of your Social Security Card **OR** a copy of a state issued ID or Driver's License

*Submit paperwork to the Registrar's Office located in the 200 Building on Campus. Your request will not be processed if the required documentation is not submitted. No other form of identification will be accepted for US Citizens. International students requesting name changes must provide a copy of their passport. If you are faxing your application, please fax this form and a copy of your required identification to the Office of the Registrar (419) 998-3080. Your name must match the name indicated on the required form of identification.*

**OFFICE USE ONLY**

Received Date \_\_\_\_\_

Update Completed By \_\_\_\_\_

**RETURN COMPLETED FORM TO REGISTRAR'S OFFICE - 200 BUILDING**