

Student's Signature_____

UWRF Name Change Form

Drop Off, Mail To:	UWRF Registrar's Office 410 South Third Street, 105 North Hall River Falls, WI 54022		
Or scan and e-mail to:	· · · · · · · · · · · · · · · · · · ·	registrar@uwrf.edu	
Date:			
Falcon I.D.: W Phone Number:			
Effective immediately, a st will have his/her academic t record. If your name has ch record (and transcript) to ref with your request for the off	ranscript issued with the na anged and you would like y lect the change, you must p	me as it currently appears of our official UW-River Fall	on the official s academic
old and the ne 2. Legible copie	ned and dated statement that row names; s of the following two forms of would like your record change	of identification that designate	
card,	identification (acceptable for school ID card with photograpry ID card);		
	and		
and/or certifi	ordered/legal document (accer marriage certificate), social cation of U.S. citizenship, emican tribal document).	security card, birth certificate,	, legal passport,
As necessary, you may be request for a name change	_	al documentation to suppo	ort your
New (Correct) Name:			
Last	First	Middle (Maiden)	For Office Use Only
Former Name:			Computer Index Hard Copy
Last	First	Middle (Maiden)	Folder
Marital Status:	☐ Single	☐ Married	

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