Complete and return this form to:

University of Rochester - Simon Business School Office of the Registrar 2341 Carol Simon Hall Box 270100

registrar@simon.rochester.edu

Phone: (585) 275-8071 / Fax: (585) 276-0244



CHANGE OF NAME FORM

Directions

- Please complete this form if you have changed your name.
- You must bring this form in person to the Registrar's Office. You will need to present an original form of identification as proof of your name change. Acceptable forms of identification include your original: birth certificate, passport, court order, Social Security card, driver's license, or marriage certificate.
- International sponsored students must submit name changes to ISO.

Student Name:					UID# or DOB:	
Please print La	st		First	MI		
Student Signature:						
					month/day	y/year
Program:						
New Name:						
	Last	First			Middle	
Prior Name:						
Please print	Last	Fi	First		Middle	
Reason for Change	:					
Are you a current S	Simon student?	☐ Yes	□No)		
If not currently enr	olled, when did y	ou last atten	d the Simor	n School?		
Are you an interna	tional student?	☐ Yes	□ No)		
		Pogistrar'	's Office Use	Only		Revision: 8/2022
Document presented	as proof of name ch	_	s Office Ose	Only		nevision. 6/2022
☐ Birth Certificate ☐ Passport		☐ Court Order				
☐ Social Security Car	d □ Driver's Lice	ense 🗆	Marriage Ce	ertificate		
Date Received:	Date Processed	l: Bv	•			