

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER  
The Office of Enrollment Services



**NAME CHANGE ON ACADEMIC RECORD FORM**

1. Fill out this form and attach all requested documentation.
2. Fax to (901) 448-1017 OR

Mail to: **The Office of Enrollment Services  
Medical Center Plaza Complex  
910 Madison Avenue, Suite 520  
Memphis, TN 38163**

If you need more information regarding the type of documentation required to change your name, please call (901) 448-5568.

|                             |  |
|-----------------------------|--|
| <b>SOCIAL SECURITY NO.:</b> |  |
| <b>NAME OF COLLEGE:</b>     |  |
| <b>PROGRAM:</b>             |  |

**YOUR CURRENT NAME LISTED ON THE UNIVERSITY OF TENNESSEES' RECORDS:**

|                      |  |
|----------------------|--|
| <b>LAST NAME</b> ☞   |  |
| <b>FIRST NAME</b> ☞  |  |
| <b>MIDDLE NAME</b> ☞ |  |

**YOUR NAME AS IT SHOULD APPEAR ON THE ACADEMIC RECORD:**

|                      |  |
|----------------------|--|
| <b>LAST NAME</b> ☞   |  |
| <b>FIRST NAME</b> ☞  |  |
| <b>MIDDLE NAME</b> ☞ |  |

- ☞ **Marriage** – Fax or mail copy of marriage certificate.
- ☞ **Divorce/Remove married name** – Fax or mail copy of court order or dissolution decree reflecting name change.
- ☞ **Re-marriage/Remove previous married name and add new married name** – Fax or mail copy of marriage license or copy of court order
- ☞ **Legal Name Change** – Fax or mail copy of court order
- ☞ **Remove or abbreviate middle name**
- ☞ **Hyphenate last name as indicated**
- ☞ **Other** - Fax or mail explanation of reason plus copy of court order or birth certificate.

**Additional Information or Comments:**

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|  |
|--|

**Check One:**

- ☞ Currently Enrolled
- ☞ Returning Next Semester
- ☞ Former Student, Not Returning

**If you are currently enrolled, it is your responsibility to notify your instructors of your name change.**

**Students Signature**

**Date**