

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. Email to registrar@uthsc.edu OR
Mail to: **The Office of Enrollment Management**
Medical Center Plaza Complex
910 Madison Avenue, Suite 530
Memphis, TN 38163

If you need more information regarding the type of documentation required to change your name, please call (901) 448-2495.

SOCIAL SECURITY NO.:	
NAME OF COLLEGE:	
PROGRAM:	

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

LAST NAME ☞	
FIRST NAME ☞	
MIDDLE NAME ☞	

YOUR NAME AS IT SHOULD APPEAR ON THE ACADEMIC RECORD:

LAST NAME ☞	
FIRST NAME ☞	
MIDDLE NAME ☞	

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