

# W UNIVERSITY of WASHINGTON | TACOMA

## Change of Student Name, or Corrections

This request may be submitted IN PERSON to (MAT 253), or by MAIL to:

OFFICE OF THE REGISTRAR  
 BOX: 358400, 1900 COMMERCE ST  
 TACOMA, WA 98402

To change the name on your student record you must complete and **submit this form** along **with copies of two documents** that show your new name (a legal document such as a marriage certificate, and a driver's license, social security card, etc.) You may also use this form to correct your DOB or SSN, but you must provide two copies of ID with the correct information on at least one form of official identification.

STUDENT NUMBER		<input type="checkbox"/> CHANGE TO RECORDS <input type="checkbox"/> CORRECTION TO RECORDS	
LAST NAME (Please Print)		FIRST NAME	MI
<b>ADMIT QTR/YR</b> <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <b>YR</b> _____	<b>STATUS</b> <input type="checkbox"/> Undergrad. <input type="checkbox"/> Non-Matric <input type="checkbox"/> Post Bac. <input type="checkbox"/> Grad/Prof. <input type="checkbox"/> Grad Non-Matric	ACADEMIC MAJOR <span style="float: right;"><input type="checkbox"/> PREMAJOR/UNDECLARED</span>	
		PHONE NUMBER (        )	UW EMAIL (PREFERRED)
		STUDENT'S SIGNATURE	

### CHANGE NAME FROM: (FORMER NAME)

LAST NAME (PLEASE PRINT)	FIRST	MIDDLE
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### TO: (NEW NAME)

LAST NAME (PLEASE PRINT)	FIRST	MIDDLE
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### CORRECTION/CHANGE/ADD: (ex. SSN or DOB etc.)

FROM:	TO:
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### REASON FOR CHANGE

OFFICE USE ONLY

PROCESSED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Label made by: \_\_\_\_\_

DATE: \_\_\_\_\_