



Change of Name Form

1. A Change of Name requires a copy of the official document(s) that legally changed your name and your new social security card.
2. Processing a name change request updates your official UNE student record. It does not change your UNE email address or login information. For assistance with those, please contact ITS at 207-602-2200 or 207-221-4400.
3. College of Osteopathic Medicine students need to notify the COM Office of Constituent Services of their name change.

PRN: _____ Program/Major: _____

Date of Birth: _____ College: _____

Address: _____ Phone: _____

I am changing my name

FROM:

First	Middle	Last
_____	_____	_____

TO:

First	Middle	Last
_____	_____	_____

Are you a current student? _____ If no, what years did you attend? _____

What degree did you receive? _____

What was your graduation date? _____

I hereby certify that I am not making these changes for fraudulent or illegal purposes. I have provided copies of the official document(s) that legally changed my name and my new social security card.

Date _____ Student's Signature _____

For Office Use Only		
Update Student's Active Folder or Scan into Archives _____		
Update SPAIDEN _____	Updated By _____	Date _____
Notify Alumni Office _____		

REGISTRAR'S OFFICE

Biddeford Campus 11 Hills Beach Road (Decary Hall, Room 114) Biddeford, Maine 04005

Phone: (207) 602-2473 Fax: (207) 602-5927

Portland Campus 716 Stevens Avenue (Hersey Hall, Room 119) Portland, Maine 04103

Phone: (207) 221-4200 Fax: (207) 221-4898

Website: www.une.edu/registrar