

Name Change Authorization

Registrar's Office
University of Louisville
Louisville, KY 40292
Phone: (502)852-6522
Fax: (502)852-7088

Student ID _____

Former Name _____

New Name _____

Date of Request to change name _____

Documentation required:

- Copy of current photo ID (unexpired)
- Copy of Signed Social Security Card with new name

Please print form, sign and mail/fax to the address/number above with required documentation.

Student Signature _____