A

PRINT FULL NAME	LAST	FIRST	MIDDLE	STUDENT ID
CURRENT NAME ON RECORD				9 5 _ _ _

CHANGE OF NAME OR SOCIAL SECURITY NUMBER

B

ENROLLMENT

Are you currently or have you ever been enrolled in the University of Vermont College of Medicine? ☐ YES ☐ NO

Are you currently or have you ever been enrolled in the University of Vermont Graduate College? ☐ YES ☐ NO

The University of Vermont
OFFICE OF THE REGISTRAR
360 WATERMAN BUILDING
85 S. PROSPECT STREET
BURLINGTON VT 05405
(PH) 802-656-2045 (F) 802-656-8230

C

CHANGE OF NAME

Please print your updated legal name:

LAST FIRST MIDDLE

INSTRUCTIONS

1. SECTION A	(Top of Page) Print the last, first, and middle name we **currently have on record** as well as your student ID number.
2. SECTION B	Complete this section by indicating yes or no.
3. SECTION C/D	Complete the appropriate section(s).
4. SECTION E	Sign and date the form.

Two forms of identification reflecting the change you are requesting must be provided along with this form.

ACCEPTED FORMS OF IDENTIFICATION INCLUDE:

Driver's License
Marriage Certificate
Social Security Card
Passport
Court Document

Please note that a birth certificate is not accepted as a valid type of identification.

D

CHANGE OF SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER ON RECORD > _ _ _ – _ _ – _ _ _ _

NEW SOCIAL SECURITY NUMBER > _ _ _ – _ _ – _ _ _ _

A social security card reflecting your new number must be provided for this type of change to be processed.

-- TWO ACCEPTED FORMS OF IDENTIFICATION MUST BE PROVIDED FOR THIS FORM TO BE PROCESSED --

E

STUDENT SIGNATURE

I do hearby certify that the change(s) above are legitimate and true.

STUDENT SIGNATURE DATE ___/___/___

OFFICE USE ONLY

Verification of Completion

REGISTRAR'S STAFF SIGNATURE DATE ___/___/___