

**A**PRINT  
FULL  
NAME

LAST

FIRST

MIDDLE

STUDENT ID

9 5

-

-

CURRENT NAME ON RECORD

**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

**C****CHANGE OF NAME**

Please print your updated legal name:

LAST

FIRST

MIDDLE

**D****CHANGE OF SOCIAL SECURITY NUMBER**

SOCIAL SECURITY NUMBER ON RECORD &gt;

				-							
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NEW SOCIAL SECURITY NUMBER &gt;

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

**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

**INSTRUCTIONS**

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

**One or two forms of identification reflecting the change you are requesting must be provided along with this form.**

**ACCEPTED FORMS OF IDENTIFICATION INCLUDE:**

One of the following: **OR** Two of the following:  
**Marriage Certificate** **Driver's License**  
**Court Document** **Social Security Card**  
**Passport**

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

**E****STUDENT SIGNATURE**

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

STUDENT SIGNATURE

DATE

**OFFICE USE ONLY**

Verification of Completion

REGISTRAR'S STAFF SIGNATURE

DATE

EMAIL SENT TO: \_\_\_RESLIFE \_\_\_COM \_\_\_GRAD COLLEGE