



FACULTY NAME CHANGE APPLICATION

Former Name: _____
First Middle Last

Present Name: _____
First Middle Last

Rocket Number: _____ Birthdate: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Please submit this form, along with a signed **copy of your Social Security Card**, to the Office of Academic Administration and Student Employment on Main Campus (University Hall Suite 3190). No other form of identification will be accepted for US citizens.

Please forward any questions to AcademicFinanceAndFacultyAdmin@utoledo.edu