STUDENT LEGAL NAME CHANGE APPLICATION

Rev 2023June20

Office of the Registrar
Phone: 419.530.4845
Fax: 419.530.4828
registrar@utoledo.edu

Legal Name Change: Please submit this form, along with a signed **copy of your Social Security Card.** No other form of identification will be accepted for US citizens. International students requesting name changes must provide a copy of their passport. Your name must match the name listed on the required form of identification.

Legal Gender Designation Change: The request should include a written statement from the student requesting the change (with the student's signature and date); supporting documentation should include ONE of the following: Driver's License, or State I.D., or Court paperwork that includes the gender designation.

Submission Instructions: Submit documents to Rocket Solution Central (TH 0100) on Main Campus or to the Student Service Center (MLB 114) on Health Science Campus. If you are faxing your application, please fax this form and a copy of your required identification to the Office of the Registrar, 419.530.4828.

Clear Form

Former Name: _____
First **Middle** **Last**

Present Name: _____
First **Middle** **Last**

Rocket Number: _____ **Birthdate:** _____

Email: _____ **Phone:** _____

Signature: _____ **Date:** _____
Pen-to-paper signature required

Please check if you are a Doctor of Medicine student ☐

Please check if you are requesting a legal gender designation change ☐

Please check if you have applied to graduate ☐

Indicate the name as you want it to appear on your diploma.

Diploma Name: _____