



Name Change Request Form

Use this form to request the University of Denver to change your name on official records. Required documents and processing instructions vary depending on your relationship to the University. Complete the form; attach required documents; and submit according to the instructions below.

University Employees. A Social Security card reflecting your new name is required. Bring this form and your Social Security card to the Office of Human Resources, Mary Reed Bldg., 4th Floor. Call 303.871.7420 for additional Information. We will contact your insurance providers for you as well. Please contact your retirement fund providers directly to inform them of these changes

Students or alumni with current financial aid or Perkins loans. A Social Security card, court order, marriage license or passport is required. This form along with documentation should be sent to the Office of the Registrar, University Hall Room G33, 2197 South University Boulevard, Denver, CO 80208. The form may be faxed to 303.871.4300. Call 303.871.4095 for further information.

All other students and alumni. For last name changes due to marriage, only this form is required. For all other changes a Social Security card, court order, or passport is required. This form along with documentation should be sent to the Office of the Registrar, Attn: Name Changes; University Hall Room G08, 2197 South University Boulevard, Denver, CO 80208. The form may be faxed to 303.871.4300. Call 303.871.2284 for further information.

Statement of Responsibility

I assume responsibility for the consequences or problems that may occur as a result of this change of my name. There is no intent on my part to defraud the University of Denver.

Print Old Name _____

Print New Name _____

Other Previous Names _____

DU ID Number: _____ Social Security Number: _____

Date of Birth _____ Day Telephone No.: _____

Mailing Address: _____

City, State, Zip Code: _____

Signature _____ Date: _____

Check all that apply: Student Employee Alum

Most recent degree program _____ Graduated? Yes No

Dates of Attendance: _____ Current Perkins loan or current DU financial aid? Yes No

Health Insurance Provider (employee) _____ Dental Insurance Provider (employee) _____

Office Use Only:

Processed by _____ Department _____ Date: _____

Processed by _____ Department _____ Date: _____