

Student Name Change Instructions and Form

Current and former students may have need to change the name associated with their academic record to reflect accurately the name by which they are known in the larger world. Typical reasons for a name change include marriage, divorce, naturalization, use of a variation of the name, etc.

If you need to have your name changed, the University at Buffalo must change all of your records to reflect that new name. After we do that, your UB financial records, your future academic transcripts, and your future diploma will carry only that new name.

In order to effect a name change, you will need to complete a **Name Change Form** and provide acceptable documentation that shows your new name.

Acceptable documentation. The following types of documents can be used:

Photographic documents that show the new name. Typical documents: driver's license; passport, alien registration card (Green Card)

Legal documents that show the former and new names. Typical documents: marriage certificate, divorce decree, naturalization papers; court approval of name change

- Can be used to document name change for complete change or first or last name

Notarized statement declaring two variations as representing the same person

- Can be used for variation of the existing name, e.g. "*John V. Brown*" is the name on UB records; "*J. Vernon Brown*" is the name requested.
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Name Change Process

1. In order to effect a student name change, you will need to complete the attached form and provide acceptable documentation that shows your new name.
2. Go to the Office of Academic and Student Affairs, 315 Squire Hall. We recommend that you bring your documentation to us and complete the request in person.

If it is not possible to go to the Office of Academic and Student Affairs, complete this form and attach a copy of your documentation and mail to: Office of Academic and Student Affairs, School of Dental Medicine, University at Buffalo, 315 Squire Hall, Buffalo, NY 14214

Step 1. Your **NEW** name as you want it recorded on your UB records *(Please print)*:

Last Name _____

First Name _____ Middle Name _____
(place suffix after your last name if there is one)

Step 2. Your **CURRENT** name, as it is recorded on your UB records *(Please print)*:

Last Name _____

First Name _____ Middle Name _____

Person Number

From UB ID Card _____ E-mail _____

Step 3. Please remember to attach a legible copy of the documentation you are providing.
Check to indicate type of documentation that you are providing.

- Marriage Certificate
- Driver's License
- Passport
- Alien Registration Card (Green Card)
- Divorce Decree
- Naturalization Papers
- Court Approval of Name Change
- Notarized statement declaring two variations as representing the same person

Step 4. Authorization

The information on this form and the attached documentation represent accurate and legally acceptable proof of my name. Please change all records to reflect this name.

_____ Date _____
Signature of student

Step 5. Submit or mail this form and documentation to:

University at Buffalo
School of Dental Medicine
Office of Academic and Student Affairs
315 Squire Hall
Buffalo, NY 14214
Fax: (716) 829-2731