



Graduate Records Office
 534 Goodell Building
 University of Massachusetts Amherst
 Amherst MA 01003-9333

REQUEST FOR CHANGE OF NAME

Student Number:

Please change the name on my academic student record as follows:

FROM:

(last name)

(first name)

(middle initial)

TO:

(last name)

(first name)

(middle initial)

SIGNATURE (required): _____ **Date:** _____

If you are currently enrolled as a student, you may also need to contact Member Services at the University Health Services, the Circulation Office at the W.E.B. DuBois Library, and the Division of Human Resources (for graduate employees) to change your name with those offices.

<p>FOR OFFICE USE:</p> <p>Bio/Demo: _____ Folder: _____ Cards: _____</p>

Return completed form to the address above. For questions, please call the Graduate Records Office at (413) 545-0024.