

Name Change Form

Financial Aid Services
Academic Year 2025-2026
Fax: 413-545-1700
Phone: 413-545-0801
Email: finaid@umass.edu

The University of Massachusetts Amherst requires that you submit a copy of the documentation that legally validates your change of name (e.g. marriage license, divorce decree). This ensures the protection of your record. It is understood that this change is made without any intent to defraud the University or those persons/institutions who might request a copy of your record.

Be Advised: If you receive financial aid you must update all of your financial aid records including your FAFSA form and your Social Security Administration record to be consistent with the information provided below. In order to comply with federal regulations and continue processing your financial aid for the 2025-2026 academic year, it is necessary to verify this information. Failure to do so will result in the cancellation of financial aid that you currently have and/or halt any further processing.

Submit completed form by: Fax to: **413-545-1700** or
Secure Document Upload at: [umass.edu/financial aid/upload](https://umass.edu/financialaid/upload)

A. Student Information (Please print legibly):

Your name as it currently appears on SPIRE: _____ UMass SPIRE ID: _____
Last, First MI

Your **new** name as it should appear after the change: _____
Last, First MI

B. Reasons for Name Change (✓check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Legal Separation | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Legal Change of Name | <input type="checkbox"/> Misspelling | <input type="checkbox"/> Other (explain) _____ |

C. Signature

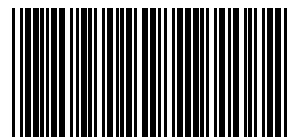
Student Signature Date

Fax completed form to: **413-545-1700** or
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D. FOR OFFICE USE ONLY

Name as it appeared prior to change: _____

Copy received: _____ Initials: _____ Date: _____



FANAME