



UNIVERSITY OF CENTRAL FLORIDA
College of Medicine

Registrar's Office
6850 Lake Nona Blvd., Suite 115
Orlando, FL 32827-7408
FAX: (407) 266-1389

CHANGE OF NAME FORM

To change the legal name maintained on the student's official UCF record, the student must submit a completed "Change of Name Form" and supporting documentation to the **College of Medicine Registrar's Office** (6850 Lake Nona Blvd., Suite 115, Orlando, FL 32827-7408).

Submitting this form to the College of Medicine Registrar's Office, please provide a copy of an official legal document containing the changed name (e.g., Marriage License, Divorce Decree, passport, etc.).

Personal ID (PID):

Telephone Number:

E-Mail Address

Current Name in UCF System:

New Legal Name (Must Complete in full) Please Print Clearly:

Last Name:

First Name:

Middle Name:

Suffix

Maiden Name:

Student Signature _____

Date _____

Supporting Documents:

- Marriage License
- Divorce Decree
- Passport
- Court Order