

**NAME CHANGE**

Name \_\_\_\_\_

College/ Program \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

NUID \_\_\_\_\_

Current phone number and/or email \_\_\_\_\_

**PLEASE PRINT**

Previous Name \_\_\_\_\_

New Name \_\_\_\_\_

I hereby authorize that my name be changed, as indicated above, on all current & subsequent entries to my permanent record at the University of Nebraska Medical Center. I certify that the above change has been authorized through appropriate legal action.

\*By completing this form, the name on your academic record will be updated. If you are an employee and wish to have your name updated, contact Human Resources Records at 402-559-4391 or 402-559-4216.

\*To request your UNMC email & NetID be updated, you must email: [systemaccess@unmc.edu](mailto:systemaccess@unmc.edu)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**YOU MUST ATTACH A COPY OF YOUR LEGAL DOCUMENTATION TO THIS FORM.**

THIS PAPERWORK CAN BE SCANNED AND EMAILED TO: [STUDENTSERVICES@UNMC.EDU](mailto:STUDENTSERVICES@UNMC.EDU) OR BE MAILED OR HAND DELIVERED TO THE ACADEMIC RECORDS OFFICE, OR FAXED DURING OFFICE HOURS

(Monday-Friday 8am to 4:30pm CST).

UNMC-Academic Records  
Student Life Center-Room 2015  
984230 Nebraska Medical Center  
Omaha, NE 68198-4230  
Fax-402-559-6796