**NAME/ADDRESS**

**CHANGE FORM**

**For Graduate Students Only**

**Requested Change: Name change**  **Address change**

**UNCP Banner ID:** Click here to enter text.

**Previous Name:** Click here to enter text.

(include all names under which you may have been associated with the UNCP)

**New Name:** Click here to enter text.

(include first name, middle name, and last name)

**Date of Birth:** Click here to enter text.

**Telephone:** Click here to enter text.

**Current Address:** Click here to enter text.

**New Address:** Click here to enter text.

**Email:** Click here to enter text.

**Statement of Responsibility**

I assume responsibility for the consequences or problems that may occur as a result of this change of my name. There is no intent on my part to defraud the University of North Carolina at Pembroke.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check all that apply: Student**  **Faculty**  **Staff**  **Alumni**

Return this form, with a copy of proper documentation, to The Graduate School, UNC Pembroke, Lindsay Hall, Room 124, P.O. Box 1510, Pembroke, NC 28372.

***For Office Use Only***

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| Received by Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Changed by Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Required Documents:  Driver’s License  Social Security Card  Divorce Decree or other Court Document showing name change approved | |