

# UREG

## University of Virginia

### Name/I.D Number Change Form

Date	
School or SCPS Center	

Previous Last Name:	
Previous First and Middle:	
Previous I.D. Number:	
New I.D. Number: (if different)	
New Last Name: (if different)	
New First and Middle: (if different)	

**Name Changes are only processed for Currently Enrolled Students  
or Applicants who are Previous Students**

Reason for Change:	
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A copy of a court order, driver's license, marriage certificate, passport, social security card, or some other official document showing the new name and /or number **must** accompany this form.

**Mailing Address:**  
(UREG) Office of the University Registrar  
PO Box 400203  
Charlottesville, VA 22903-4203

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