University of Northern Iowa
Name Change Form

Please **PRINT** name as it appears on records.

Name: _____
Last First Middle Maiden

Student Number: _____ Date: _____

Former Name: _____ Reason for Change: _____

New Name: _____ Effective Date: _____

TO ENSURE YOUR STUDENT ID CARD REMAINS ACTIVE, YOU MUST NOTIFY THE DEPARTMENT OF RESIDENCE OF THIS CHANGE.

_____
Signature

Pursuant to Chapter 22 of the Code of Iowa, this information is being requested for the purpose of changing your address. All items are directory information, and, therefore, may be released to third parties. All items are required, and, therefore, incomplete forms cannot be processed.