Change of Name Form
William E. Simon Graduate School of Business Administration, University of Rochester
Registrar’s Office, 305 Schlegel Hall Box 270107
Rochester, NY 14627

Directions:
- Please complete this form if you have changed your name.
- Please return the completed form to the Registrar’s Office, 305 Schlegel Hall. You’ll need to present an original form of identification as proof of change. Acceptable forms of identification are listed at the bottom of this form.

UID#: ____________________ Program: ____________________ Degree: _____MBA _____MS____Ph.D.

New Name: __________________
Please print Last
First
MI

Prior Name: __________________
Please print Last
First
MI

Reason for Change: _________________________________

Are you a current student? □Yes □No

If not currently enrolled, when did you last attend the Simon School? ___________________________

Are you an international student? □Yes □No

Student Signature: ___________________________ Date: __________ Mo. Day Yr

For Registrar’s Office Use Only

Proof Presented for Change:
□Birth Certificate □Passport
□Court Order □Social Security Card
□Driver’s License □Marriage Certificate

Date received: __________ Date processed: __________