A PRINT FULL NAME

LAST	FIRST	MIDDLE	STUDENT ID
	CURRENT NAME ON RECORD		9 5 — —

CHANGE OF NAME, SOCIAL SECURITY NUMBER, OR LEGAL GENDER

B

ENROLLMENT

Are you currently or have you ever been enrolled in the University of Vermont College of Medicine? ☐ YES ☐ NO
Are you currently or have you ever been enrolled in the University of Vermont Graduate College? ☐ YES ☐ NO

C

CHANGE OF NAME

Please print your updated legal name:

LAST FIRST MIDDLE

CHANGE OF SOCIAL SECURITY NUMBER

D

SOCIAL SECURITY NUMBER ON RECORD > ___ — ___

NEW SOCIAL SECURITY NUMBER > ___ — ___

A social security card reflecting your new number must be provided for this type of change to be processed.

E

LEGAL GENDER*

**MALE ☐

**FEMALE ☐

*Please provide **one** of the following documents for a legal gender change:
Court Document, Driver's License, or Passport

**Due to system limitations, we are only able to use one of these two options for gender.

F

STUDENT SIGNATURE

I do hereby certify that the change(s) above are legitimate and true.

STUDENT SIGNATURE DATE ___/___/___

The University of Vermont
OFFICE OF THE REGISTRAR
360 WATERMAN BUILDING
85 S. PROSPECT STREET
BURLINGTON VT 05405
(PH) 802-656-2045 (F) 802-656-8230

INSTRUCTIONS

1. SECTION A (Top of Page) Print the last, first, and middle name we **currently have on record** as well as your student ID number.
2. SECTION B Complete this section by indicating yes or no.
3. SECTION C/D/E Complete the appropriate section(s).
4. SECTION F Sign and date the form.

One or two forms of identification reflecting the change you are requesting must be provided along with this form.

ACCEPTED FORMS OF IDENTIFICATION FOR NAME OR SSN CHANGE INCLUDE:

One of the following:	OR	**Two of the following:**
Marriage Certificate *(must reflect name change)*		**Driver's License**
Court Document		**Social Security Card**
		Passport

Please note that a birth certificate is not accepted as a valid type of identification.

OFFICE USE ONLY

Verification of Completion

REGISTRAR'S STAFF SIGNATURE DATE ___/___/___

EMAIL SENT TO: ____RESLIFE ____COM ____GRAD COLLEGE