



UNIVERSITY OF ARKANSAS

Name Change/ SSN Correction Form

Instructions

Complete and sign this form. Submit it to the Office of the Registrar with required documentation by:

Person - 141 Uptown East

E-mail - Scan and send to registra@uark.edu

Fax - (479) 575-4651

Mail - Office of the Registrar

141 Uptown East

University of Arkansas

Fayetteville, AR 72701

Students who are receiving any form of federal or state student aid are required to change their name with the Social Security Administration before changing their name with the University of Arkansas. **SIGNATURE IS REQUIRED.**

University ID:

SSN on UAConnect:

Correct SSN:

Name as it currently appears on University of Arkansas records:

Last: <input type="text"/>	First: <input type="text"/>	Middle: <input type="text"/>	Suffix: <input type="text"/>
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New Name:

Last: <input type="text"/>	First: <input type="text"/>	Middle: <input type="text"/>	Suffix: <input type="text"/>
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Dates of Attendance: From:

To:

Telephone Number:

Email:

One of the following legal documents must be included with this signed form to complete the name change request:

- (1) Birth Certificate;
- (2) Driver's License (must be presented in person);
- (3) Passport (must be presented in person);
- (4) Marriage License;
- (5) Court Issued Document; or
- (6) Divorce Decree.

Social Security Card is required to correct your SSN.

My signature authorizes the University of Arkansas to use this name and SSN for all future transactions.

Signature:

Date: