Name Change Form

Please type or print all information and submit this completed form.

**International Students on F-1 or J-1 Visas**

**Mail/In-person:** International Student Services
217 Red Gym
716 Langdon St.
Madison, WI 53706-1400

**Scan and email:** iss@studentlife.wisc.edu

**Required:** International students on F-1 or J-1 visas – Your current passport is the only allowable documentation.

**All Other Students**

**Mail/In-person:** Office of the Registrar
333 East Campus Mall #10101
Madison, WI 53715-1384
Fax: (608) 265-8946

**Scan and email:** registrar@em.wisc.edu

**Required:** Legal ID or documentation referencing your new name. Include copy of ID if emailing. (Driver’s license, birth certificate, passport, court or other legal document, etc.).

---

Student ID: ____________________________

Date of Birth: ____________________________

Email: ________________________________

Phone: ________________________________

**Former Name** (Current Name on Record)

Last: ___________________________________

First: ___________________________________

Middle: _________________________________

**New Name**

Last: ___________________________________

First: ___________________________________

Middle: _________________________________

I intend to use this name consistently for academic purposes at the University of Wisconsin-Madison. I understand that this name will appear on all future academic records, including transcripts and diplomas.

Additionally, I understand that if I am or was an employee of the University of Wisconsin-Madison that I will need to contact Payroll and Benefits Services to have my payroll records updated to my new name.

Signature: ________________________________
Date: ________________

Sign this form with your new name.