



WISCONSIN
UNIVERSITY OF WISCONSIN-MADISON

Name Change Form

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

International Students on F-1 or J-1 Visas	All Other Students
<p>Mail/In-person: International Student Services 217 Red Gym 716 Langdon St. Madison, WI 53706-1400</p> <p>Scan and email: iss@studentlife.wisc.edu</p> <p>Required: International students on F-1 or J-1 visas – Your current passport is the <i>only</i> allowable documentation.</p>	<p>Mail/In-person: Office of the Registrar 333 East Campus Mall #10101 Madison, WI 53715-1384 Fax: (608) 265-8946</p> <p>Scan and email: registrar@em.wisc.edu</p> <p>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.).</p>

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.

OFFICE USE ONLY
Date Processed
Processor's Initials