UNIVERSITY OF GUAM
UNIBETSEDÅT GUÅHAN

Enrollment Management and Student Success
Office of Admissions and Records
303 University Drive, Mangilao, GU 96923-9000
Tel: 671-735-2201/02/04/06/10/11/14
Email: admitme@triton.uog.edu

CHANGE OF NAME REQUEST FORM

****PHOTO ID REQUIRED****

Full Name (Last, First, Middle):	Former Name (Last, First, Middle
Date of Birth (mm/dd/yyy)	UOG ID No:
Mailing Address:	
Phone Number(s): Home Work Cellphone	
Email Address:	

CHANGED BY MARRIAGE
**Must provide Official Marriage Certificate
**Verified by: _____

CHANGED THROUGH A COURT ORDER
**Must provide official court document(s)
** Verified by: _____

EFFECTIVE DATE OF CHANGE: _____

CURRENTLY ENROLLED: ☐ Yes ☐ No

If no, please indicate semester and year of last enrollment: _____

PARENT, GUARDIAN, SPOUSE OR NEXT OF KIN:

Name: Relationship:

Mailing Address:
P.O. Box or Street Address City State Zip Code

Phone Number(s):
Home Work Cellphone

Email Address:

_____ _____
Student's Name and Signature Date