



UNIVERSITY OF GUAM
Unibetsedat Guahan

ADMISSIONS AND RECORDS OFFICE
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REQUEST FOR CHANGE OF NAME

****PHOTO ID REQUIRED****

FORMER NAME: _____

NEW NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER(S): _____
HOME WORK CELL

CHANGED BY MARRIAGE
**MUST PROVIDE OFFICIAL MARRIAGE CERTIFICATE
**VERIFIED BY: _____

CHANGED THROUGH COURT ORDER
**MUST PROVIDE OFFICIAL COURT DOCUMENT(S)
**VERIFIED BY: _____

EFFECTIVE DATE OF CHANGE: _____

CURRENTLY ENROLLED: YES NO

IF NO, PLEASE INDICATE SEMESTER & YEAR OF LAST ENROLLMENT: _____

PARENT, GUARDIAN, SPOUSE OR NEXT OF KIN:

NAME: _____ **RELATIONSHIP:** _____

MAILING ADDRESS: _____

SIGNATURE: _____ **DATE:** _____