

UNIVERSITY OF DENVER
STURM COLLEGE OF LAW
REGISTRAR'S OFFICE

NAME CHANGE REQUEST

This is a request to change my name on your academic records in the Registrar's Office at the University of Denver, College of Law to: (please print)

Please check one: Ms. _____ Mrs. _____ Miss. _____ Mr. _____

My academic records currently list my name as: (please print)

Social Security #: _____ Banner ID #: _____

Year of attendance or Graduation Date: _____

Signature _____ Date: _____

Address: _____

City State Zip

Phone

This completed form should be returned to the Registrar's Office with one of the following forms of OFFICIAL DOCUMENTATION:

Social Security Card, Marriage License, Divorce Decree

University of Denver College of Law
Registrar's Office
7039 E 18th Ave
Denver, Co 80220
303-871-6132

