

NAME or **ADDRESS CHANGE REQUEST** (check one or both)

The Office of the Registrar is responsible for maintaining a student's official academic record, and as such is the office that controls student name or address changes at the University of Mount Olive. All inquiries and requests should be directed to this office.

The name & address on your official institutional record is the name & address that appears on your original application for admission to the University of Mount Olive. If you wish to change your name or address, then please complete this form and provide the required documentation.

PCID: _____

Name: _____
First Name
Middle Name
Last Name

Other names under which you may have been associated with the University:

Daytime Telephone: _____ Email Address: _____

Current New

Address: _____
Street
City
State
ZIP

Check all that apply: Student _____ Faculty _____ Staff _____ Alumni _____

NAME CHANGE REQUIREMENTS

The University Mount Olive requires proof that your name has been legally changed in order to change the name on your official academic record (**documentation is not required for an address change**). In order to request a name change, you must complete this form and present documentation displaying your new legal name.

North Carolina law permits any person to change their name as long as it is not for fraudulent purposes.

Required documents for **NAME CHANGE** only: (Choose one of the following)

- Students or Alumni: **Marriage License** (if marriage license does not indicate a name change, then you must present the marriage license and another form of identification), **Driver's License**, **Social Security Card**, **Divorce Decree**, **Court Order**, **Citizenship by Naturalization**, **Birth Certificate** or **Valid U.S. Passport**
- Faculty and Staff (Employees): **Social Security Card Required**

How will my **NAME CHANGE** affect my student records?

- Your **Self-Service** Username, Display Name and **Moodle** Username **WILL** change
- Your Passwords will **NOT** change

Statement of Responsibility:

I assume responsibility for the consequences or problems that may occur as a result of this change of my name and/or address. There is no intent on my part to defraud the University of Mount Olive.

Signature: _____ Date: _____

Return this form and documentation to the appropriate office below.

Faculty & Staff:
Human Resources
University of Mount Olive
634 Henderson St.
Mount Olive, NC 28365
(PHONE) 919-658-7493

Students:
Office of the Registrar
University of Mount Olive
634 Henderson St.
Mount Olive, NC 28365
(PHONE) 919-658-7835
(FAX) 919-658-7179

Alumni:
Office of Advancement
University of Mount Olive
634 Henderson St.
Mount Olive, NC 28365
(PHONE) 919-658-7800
(FAX) 919-635-3777