

## CHANGE OF NAME CARD

Please Print

PO BOX 450	IU SEALILE, WA 981	45-0010	00W 1176 (nev.4/10)
Student number		Social Security number*	Date
Change name:	From Last	First	Middle
	To Last	First	Middle
	change is for UW Profe inuing Education datab		hange my name on my official UW transcripts.
Reason for c	hange		
Note: if abov action, legal	re change requires cour papers must be preser	rt nted.	
Student's signature			Phone number
FOR OFFICE USE ONLY			
Verified by			
Registration		Student Records	

<sup>\*</sup>For purposes of the new Hope and Lifetime Learning tax credits, federal law (section 6109 of the Internal Revenue Code) requires the University to obtain your Social Security number.