



Change Name/Address/Phone Form

Instructions: To change your name on your permanent record, please complete the following information and return it to the Student Services Office. Name change requests must be accompanied by a copy of your updated social security card and a copy of a second form of identification or documentation (marriage license, etc.).

UAMS ID _____ Program / Major _____

Current Name: _____
Last First MI

What do you want to change? Name Address Phone Number

New Name: _____
Last First MI

New Address (apply this change to the following addresses: Current Permanent Both):

Street Address, P.O. Box or UAMS Box

City State Zip Code

New Telephone: (_____) _____

Signature* Date Signed

** Signature is required. By signing, I certify that the above information is true and correct to the best of my knowledge.*

Submit this form:

Fax: 501-526-3220 E-mail: registrar@uams.edu

Mail: University of Arkansas for Medical Sciences
Office of the University Registrar
4301 W Markham Slot 767
Little Rock, AR 72205

OFFICE USE: Date Entered _____ Entered By _____