

University of Houston Clear Lake

DIPLOMA NAME CHANGE FORM

Submit to **Office of the Registrar: Fax:** 281-283-2530 **Address:** 2700 Bay Area Blvd, Houston, Texas 77058 **Email Address:** registrar@uhcl.edu **Phone:** 281-283-2525 Or submit in person to the **Student Enrollment Center (SEC)**, Room 1102 Student Services & Classroom Building.

- ❖ **This form is for the purpose of updating your name as it will appear on your UHCL diploma only.**
- ❖ **Diploma name change requests should be submitted prior to the close of the term in which a student has applied to graduate.**

1. List your name and student ID number as it is currently listed on university records.

Last Name (PLEASE PRINT)	First	Middle	Student ID number
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2. Year: 20__ **Term:** Fall Spring Summer

3. Name as it should appear on the diploma. One of the following must be attached with this form: Current Driver's License, State ID, Marriage License, Birth Certificate, Divorce Decree or Official Name Change Affidavit.

(PLEASE PRINT)

4. Check the appropriate college:

Business

Human Science and Humanities

Science and Engineering

Education

STUDENT SIGNATURE

DATE

PHONE NUMBER

A copy of a photo ID must be attached to this form when submitted.

Forms submitted without a clear copy of a photo ID will not be processed.

Office of the Registrar Use only

Initials: _____ **Date:** _____