UA Little Rock William H. Bowen School of Law

Phone: (501) 916-5432 Email: law-records@ualr.edu 1201 McMath Avenue Little Rock, AR 72204

Request to Change Name on Academic Records

·		
Please indicate your name as it	: <u>currently</u> appears on your UA Lit	tle Rock records:
First	Middle	Last
Trojan I. D. Number: T 0 0	Phone Number:	
Please provide your new legal	name as it should appear on your	UA Little Rock records:
First	Middle	Last
Are you currently registered for classes at UA Little Rock?		Yes No
Have you filed a graduation application recently?		Yes No
Are you employed by the university in any capacity?		Yes No
If yes, are you employed as: Extra Labor Graduate Assistant UA Little Rock Employee		
If employed at UA Little Rock, you first need to update your name with the Department of Human Resources who can be reached at (501) 916-3180. Please ensure your name is up to date in Workday before submitting your request to Records and Registration.		
		ring documents as legal proof of your name changes cannot be processed until these
Primary: Signed Social Security Card, marriage license or court order		
 Secondary: Driver's license, state issued photo I.D., or Military I.D. card which has the new legal name 		
		ernational passport, visa or resident alien on the academic record must match the
By signing below, I authorize U	IA Little Rock to change my name	on my academic records.
Office use only: Processed by		