



Office of the Registrar
University of Michigan – Flint
266 University Pavilion, 303 E. Kearsley
Street, Flint, MI 48502
Phone: (810) 762-3344 Fax: (810) 762-3346

Name: _____ Student UMID: _____

Preferred First Name: _____ Remove Preferred Name

To be displayed on class rosters & unofficial documents

Date of Birth: _____ Telephone: _____

Signature _____ Date: ____/____/____

NOTE: If you are an employee of the University, you must also contact Human Resources to update your name/address.

NAME CHANGE (COPY OF DRIVERS LICENSE or GOVERNMENT ISSUED PHOTO ID REQUIRED)

***If you wish to have your name changed on your U of M Email account please contact ITS Help Desk**

New Name: _____

Last

First

Middle Name or Initial

Previous Name: _____

Last

First

Middle Name or Initial

Will you need your name changed on your diploma?

Yes

No

Local Mailing Address: (COPY OF DRIVERS LICENSE or GOVERNMENT ISSUED PHOTO ID REQUIRED)

Valid from: ____/____/____ Until This Date: ____/____/____

Address: _____

City/State/Zip: _____

Primary Phone Number for This Address: _____

Permanent Address:

Address: _____

City/State/Zip/Country: _____

Home Phone: _____ Mobile Phone: _____

*Home Email Address: _____@_____

***please note the University does all correspondence through the University Email Account**

SOCIAL SECURITY NUMBER CHANGE /CORRECTION (COPY OF SIGNED SOCIAL SECURITY CARD REQUIRED)

Former Social Security Number

____/____/____

New/Correct Social Security Number

____/____/____

DATE OF BIRTH CORRECTION (COPY OF DRIVERS LICENSE or GOVERNMENT ISSUED ID REQUIRED)

Former Date of Birth

____/____/____

New/Correct Date of Birth

____/____/____