BLUGOLD CENTRAL | Vicki Lord Larson Hall 1108
105 Garfield Ave | PO Box 4004
Eau Claire, WI 54702-4004
715-836-3000 | blugoldcentral@uwec.edu

University of Wisconsin Eau Claire

Legal Name and Biographical Data Change Form

Instructions:

This form is used to file a student legal name or biographical data change and requires legal documentation. Faculty/Staff contact ASK center for information about legal name changes.

Complete the form, attach documentation, and return to Blugold Central, Attn: Records and Registration, UW-Eau Claire, VLL 1108, 105 Garfield Avenue, Eau Claire, WI 5470; fax to 715-836-5816; we will also accept completed forms and documentation scanned and sent to regrec50@uwec.edu.

Requests received without proper documentation will NOT be processed.

A copy of one of the following legal documents is required to change your legal name:

Driver's License, Passport, Birth Certificate, Court Issued Document, Marriage Certificate, State Issues Identification Card, Divorce Decree

**When changing your legal name, your primary and preferred name will reflect the change.

A copy of one of the following legal documents is required to change your gender:

Birth Certificate, Court Issued Document, WI State Issued Driver's License, or an Affidavit or Statement from a Licensed Physician Certifying the Gender Change

This change will be reflected in your CampS record and in systems that receive data directly from CampS; however, it will not extend to systems external to campus. If applicable, please contact your federal loan servicer to update your name in their records.

BLUGOLD CENTRAL | Vicki Lord Larson Hall 1108
105 Garfield Ave | PO Box 4004
Eau Claire, WI 54702-4004
715-836-3000 | blugoldcentral@uwec.edu

University of Wisconsin Eau Claire

Student Information

Current Name (Last, First, Middle Initial):_____

Student ID Number:_____ Date of Birth:_____

Are you currently employed at University of Wisconsin – Eau Claire? ☐ Yes ☐ No

Name Change

Name change will result in the new name appearing on ALL academic records.

Name (NEW) (Last, First, Middle Initial):_____

Marital Status Change

Please indicate if marital status change is applicable:

Status: ☐ Single ☐ Married

Gender Status Change

Please indicate if gender status change is applicable:

Status: ☐ Female ☐ Male

Signature and Date

My signature below authorizes the University of Wisconsin – Eau Claire to change my legal name based on the provided legal documentation

Student Signature:_____ Date:_____

Office Use Only

Date Processed:_____ Processed By:_____