



NAME CHANGE CERTIFICATION

As of (date) _____, I request that my name be changed ~~officially~~
Morehouse School of Medicine records as follows: (Please print clearly)

From (Previous Name): _____

To (New Name): _____

Graduation Year: _____

Date of Birth: _____

Student #: _____

For Reason of: _____
(Marriage, Court order, or specify other)

Please provide the following documentation:

1. Marriage Certificate or Court Order
2. Updated Social Security Card, ~~DMV~~ License, or Passport

I fully understand, and am aware of, possible complications that may occur from this change and, therefore, do not and will not hold the Morehouse School of Medicine liable in any way. I also understand that the Morehouse School of Medicine Registrar's Office will notify the appropriate departments of this change, but it is my responsibility to notify the instructors of the courses in which I am currently enrolled.

Signed: _____ **Date:** _____