



# MOREHOUSE

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## SCHOOL OF MEDICINE

### NAME CHANGE CERTIFICATION

As of (date) \_\_\_\_\_, I request that my name be changed on my official Morehouse School of Medicine records as follows: (Please print clearly)

From (Previous Name): \_\_\_\_\_

To (New Name): \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student #: \_\_\_\_\_

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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, Driver's License, or Passport

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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:** \_\_\_\_\_