Special Instructions for Medical students:
1) **Complete** the **Change of Name Request form** and;
2) **Bring** the official (original) document for the name change to the SOM Registrar, Sears Tower T-408.
3) A representative will view the original document and send a certified photocopy, along with your completed document, to the University Registrar’s office.
4) The SOM Registrar will also notify internal departments of your name change.
CHANGE OF NAME REQUEST

SECTION I

In order to process a name change request efficiently, please read through the helpful guidelines outlined below:

- To request a name change through the University Registrar, you must be a currently enrolled student. Faculty and staff should contact Human Resources regarding name changes.
- Please fill out Section II on this form. If you do not know your 7-digit Student ID, please log in to the Student Information System (SIS) to obtain it.
- Provide one of the following official documents: court order, marriage license, or divorce decree, along with the Change of Name Request form, to the University Registrar’s Office, Yost Hall 110. (Sorry, we cannot accept photocopies unless they are notarized.)
- The only exception made for the above documentation requirements is for use of maiden name. When our records already indicate a maiden name, the change may be made without official documentation.

Please note the University does not process changes to historical records unless a retroactive court order is presented. Historical records include all student records while attending Case Western Reserve University.

The University Registrar is in compliance with all regulations; we thank you for your assistance. If you have any questions, please contact the University Registrar’s Office by email registrar@case.edu or phone 216.368.4310.

SECTION II

STUDENT ID (7-Digit ID): __________________________

PREVIOUS NAME: __________________________________________

Last                         First                      Middle

NEW NAME: __________________________

Last                         First                      Middle

SIGNATURE: __________________________

REGISTRAR’S OFFICE ONLY

Date Received: __________________________  Date Recorded: __________________________

Registrar’s Office Representative: __________________________________________