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 FORM

To request a legal name change, please refer to the University Registrar’s Name Change webpage for a detailed list of required documentation and use the following guidelines:

- Faculty and staff should contact Human Resources regarding name changes.
- In-person requests are processed in the University Registrar’s office, located in Yost Hall, Room 135.
- Mail requests must be sent to the following mailing address: Office of the University Registrar, Case Western Reserve University, 10900 Euclid Avenue, Yost Hall 135, Cleveland, OH, 44106.

If you have any questions, please contact the University Registrar’s Office at registrar@case.edu, 216.368.4310, or in Yost Hall, room 135. Office hours are Monday – Friday, 8:30am – 5:00pm.

STUDENT ID (7-Digit ID): _________________ DOB: _________________

NET ID (ex: abc123) _______________________

PREVIOUS NAME:

Last ____________________________ First ____________________________ Middle ____________________________

NEW NAME:

Last ____________________________ First ____________________________ Middle ____________________________

SIGNATURE: _________________________

REGISTRAR’S OFFICE ONLY

Date Received: ____________________________ Date Recorded: ____________________________

Registrar’s Office Representative: ____________________________________________________________