

This form is to be completed for any type of name change. In order for the Office of Student Records to update your information in our system, **the following documents are REQUIRED\***

- An updated social security card (required in ALL cases)
- An updated driver's license/photo ID
- A copy of the legal documentation providing reason for the name change (e.g. marriage license, decree of adoption)

Please allow 24 hours for processing of this request. An e-mail confirmation will be sent once the change has been made.

**Please return completed form & required documents to:**

**Office of Enrollment Services - Student Records  
Wake Forest School of Medicine  
475 Vine Street  
Winston-Salem, NC 27101**

**Student Name:** \_\_\_\_\_ **Class of** \_\_\_\_\_

**E-mail:** \_\_\_\_\_@wakehealth.edu **Phone:** \_\_\_\_\_

**Former Full Legal Name:** \_\_\_\_\_  
*First Middle Last Suffix*

**New Full Legal Name:** \_\_\_\_\_  
*First Middle Last Suffix*

**Reason for Name Change:** \_\_\_\_\_

**REQUIRED DOCUMENTS**

The following required documents are attached (\*per the instructions above):

- Social Security Card     Driver's License     Legal Documentation (e.g. marriage license, decree of adoption)

**Regarding Your E-mail Address**

Do you wish for your Tag Name\*\* to be changed?  Yes  No

\*\*Your Tag Name is what people search by to find your e-mail address (e.g. Jane Doe is now Jane Smith).

**Regarding Your ID Badge**

You will need to report to the Badge Office to have your ID Badge updated with your new name. The Badge Office will not make changes unless they have received prior confirmation from the Office of Enrollment Services. Please allow 24 hours for our office to process your request and contact the Badge Office to provide the necessary confirmation.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Entered in PeopleSoft    Date: \_\_/\_\_/\_\_    Initials: \_\_\_\_