

# **Change of Name Form**

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, **all of the following documents are REQUIRED\***:

- Copy of an updated social security card (required in ALL cases)
- Copy of 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 & copies of documents to:

Enrollment Services - Student Records Wake Forest University 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 copies of required documents are attached (\*per the instructions above):

#### **Regarding Your E-mail Address**

Do you wish for your Tag Name\*\* to be changed?  $\Box$  Yes  $\Box$  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 (336-716-0069) - BadgeOff\_UM@wakehealth.edu

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 Student Records. 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: \_\_\_\_