

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](mailto:registrar@case.edu), 216.368.4310, or in Yost Hall, room 135. Office hours are Monday – Friday, 8:30am – 5:00pm.

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