



**CASE WESTERN RESERVE
UNIVERSITY**
School of Medicine

Office of the Registrar
Samson Pavilion, Room 413E

10900 Euclid Avenue
Cleveland, Ohio 44106-7507

Phone 216.368.6137
Fax 216.368.4621
som-registrar@case.edu

Special Instructions for MD, MSA, and PA students

- 1) **Complete** the **Change of Name Request Form** and also;
- 2) **Bring** your official (original) supporting document for the name change to the SOM Registrar's Office, HEC, Room 413E.
- 3) A representative will view the original document and send a certified photocopy, along with your completed request form, 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 Office of 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 Office of the University Registrar, located in Sears Library Building, Room 220.
- Mail requests must be sent to the following mailing address: Office of the University Registrar, Case Western Reserve University, 10900 Euclid Avenue, Sears Library Building, Room 220, Cleveland, OH, 44106.

If you have any questions, please contact the Office of the University Registrar at registrar@case.edu, 216.368.4310, or in Sears Library Building, Room 220. 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: _____