



**Icahn
School of
Medicine at
Mount
Sinai**

Office of the Registrar
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Annenberg Building-Room 12-80
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New York, NY 10029-6574

Phone 212.241.1919
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LEGAL NAME CHANGE

STUDENT INFORMATION			
Student Name (First, Middle Initial , Last)		Program / Class of:	
Address	City	State	Zip
Life Number	Telephone Number <input type="checkbox"/> HOME <input type="checkbox"/> CELL		
INSTRUCTIONS:			
<p>In order to request a Change of Name, you will need to:</p> <ol style="list-style-type: none"> 1. Complete and sign this form 2. Provide a clear copy of acceptable documentation of your new name 3. Submit the completed and signed form below, with required documentation, to the Office of the Registrar, Annenberg 13-30 			
PROOF OF NAME CHANGE			
<p>You must present legal documentation of your name change with this form. The addition of a middle name that was not on your original application also constitutes a name change</p> <p>Documentation Presented:</p> <input type="checkbox"/> Administrative <input type="checkbox"/> Medical <input type="checkbox"/> Personal <input type="checkbox"/> Other _____			
FORMER NAME			
First:			
Middle:			
Last:			
Suffix (Jr., III, etc):			
NEW NAME			
First:			
Middle:			
Last:			
Suffix (Jr., III, etc):			
STUDENT SIGNATURE:			
<input type="checkbox"/> The information on this form and the attached documentation represent accurate and legal proof of my name. Please change the student record to reflect this new name.			
Student Signature			Date