



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 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, 216.368.4310, or in Yost Hall, room 135. 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: _____