

AFFIDAVIT OF CHANGE OF NAME

This form must be accompanied by proof of change of name, i.e. copy of Marriage Certificate, and signed by a Notary Public. Reason For Change: (select one) O Given Name O Court Order O Marriage O Naturalization O Divorce O Other (specify) Old Name: _____ Middle New Name: Last Middle Address: _____ Email:____ Tel: _____ Effective date of change: _____ (mm/dd/yyyy) Signature: _____ (Name as it will appear on University records) **NOTARY** Subscribed and sworn to before me on this _____ day of _____ 20 ____. Notary Signature: (Notary Seal or Stamp) PLEASE RETURN ORIGINAL FORM TO THE ADDRESS BELOW OFFICE USE ONLY

Registration & Student Records 550 1st Avenue, Medical Science Building, Suite G90, NY, NY 10016 Tel: (212) 263-5291 Fax: (212) 263-5264 E: christian.landgrebe@nyulangone.org

AAMC

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