

CHANGE OF INFORMATION FORM

This form may be printed and dropped off at the Office of Registration/Student Records.

LAST NAME: _____ FIRST NAME: _____ M.I. _____

CLASS: _____

NEW LOCAL ADDRESS:

city state zip

NEW LOCAL TELEPHONE NUMBER:

() _____ - _____
area code number

NEW PERMANENT ADDRESS:

city state zip

NEW PERMANENT TELEPHONE NUMBER:

() _____ - _____
area code number

CHANGE OF NAME: MUST BE ACCOMPANIED BY AFFIDAVIT OF NAME CHANGE.

OLD NAME: _____
First Middle Last

NEW NAME: _____
First Middle Last

SIGNATURE: _____ DATE: _____

NEW YORK UNIVERSITY SCHOOL OF MEDICINE

AFFIDAVIT OF CHANGE OF NAME

REASON FOR CHANGE (check one) _____ Given Name
_____ Court Order
_____ Marriage
_____ Naturalization
_____ Divorce
_____ Other (specify) _____

This form must be accompanied by proof of change of name i.e. copy of marriage certificate and signed by a Notary Public.

NAME: (OLD) _____
LAST FIRST MIDDLE

NAME: (NEW) _____
LAST FIRST MIDDLE

EFFECTIVE DATE OF CHANGE: _____

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)

Office Use Only

SIS _____

AAMC _____