



Idaho College of Osteopathic Medicine

## STUDENT REQUEST FOR NAME CHANGE

Please print your information as it currently exists in the Student Information System below:

Last Name	First Name	Middle Initial	Student ID Number
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I am requesting my name be **changed to:** (please print)

Last Name	First Name	Middle Initial
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**Current Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City Zip Code/State Phone Number

### Supporting Documents to Verify Name Change:

*No name changes will be made until the student has submitted these supporting documents to the Registrar's Office to verify the legal name change.*

Must provide Social Security Card **and** one other:

\_\_\_\_\_ Driver's License or ID Card

\_\_\_\_\_ Social Security Card (Mandatory)

\_\_\_\_\_ Marriage License

\_\_\_\_\_ Other (court documents, etc.)

**Student Signature:** \_\_\_\_\_

By typing my name above, it serves as an official signature request to change my name.

**Date requesting name change:** \_\_\_\_\_

To submit, please save this document and attach it in an email to: [aahmadian@idahocom.org](mailto:aahmadian@idahocom.org)

### For Office Use Only:

Date received: \_\_\_\_\_ Date verification sent: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_