



EASTERN VIRGINIA MEDICAL SCHOOL

Office of the Registrar

Name Change Instructions and Certification Form

The Office of the Registrar will process name changes for currently enrolled students only. Currently enrolled students seeking to change their name should submit the following documents to the Registrar's Office:

1. A complete copy of the Name Change Certification form.
2. Supporting documentation as instructed on the Name Change Certification form.

Upon receipt of the form and supporting documentation, the name change will be processed immediately.



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As of **(date)** _____, I request that my name be changed on my official EVMS records as follows:

Please print clearly.

From (*Previous Name*): _____
First Middle Last

To (*New Name*): _____
First Middle Last

Program: _____

Student ID Number: _____

For Reason of: _____
(Marriage, Court order, or other)

Please provide the following documentation:

- Marriage certificate, court order, updated Social Security Card, Driver's License, Passport, or Government I.D.

I fully understand, and am aware of, possible complications that may occur from this change and, therefore, do not and will not hold EVMS liable in any way. I also understand that the Office of the Registrar will notify appropriate EVMS departments, course directors and others.

Signed: _____ Date: _____

For Office Use Only:
Initials: _____ Date: _____

Copy of documentation attached
(required): _____ (please check)

07/08