

## Name Change or Correction Form

### Name Change Process and Instructions

Submit this form and supporting documentation via email to [cheri@medsch.ucr.edu](mailto:cheri@medsch.ucr.edu), fax to (951) 827-5504 or in person to the Office of Student Affairs.

**Please note:** You must also submit a name change to the main campus Office of the Registrar, so your name can be updated on your official student record. The necessary form with instructions can be found at: [http://registrar.ucr.edu/content/pdfs/change\\_or\\_correct\\_name.pdf](http://registrar.ucr.edu/content/pdfs/change_or_correct_name.pdf)

- Your name cannot be changed without a written request from you (this form). No second-party notification of a name change will be accepted.
- Proof of **new** name (supporting documentation) must be submitted using one of the following pieces of identification: state driver's license or ID card, legal court document, passport, marriage license or social security card.
- It is the student's responsibility to change your name with all institutions related to your medical career, including the National Board of Medical Examiners (NBME) and the National Residency Matching Program (NRMP). If you fail to do so it may cause difficulty for you in the future when you are applying for medical licensure or need to have your medical diploma verified.

<b>9-Digit UCR Student ID</b>	<b>Date of Birth (mm/dd/yyyy)</b>
<b><i>CURRENT NAME on record with UCR SOM (print clearly)</i></b>	
<b>Last</b>	<b>First</b>
<b>Middle</b>	
<b><i>NEW NAME to be filed with the UCR SOM (print clearly)</i></b>	
<b>Last</b>	<b>First</b>
<b>Middle</b>	

Signature \_\_\_\_\_

Date \_\_\_\_\_

9/23/2015

<b>Office Use Only</b>	
____ SIS	Date Received: _____
____ SRS	Date Processed: _____
____	Help Desk Notification: _____
____	Staff Email Notification: _____