



REQUEST FOR NAME CHANGE

Name Change Requests require: Birth Certificate, marriage certificate, divorce decree or court order showing previous name and new name.

Requests without appropriate documentation will not be processed

Your name as CURRENTLY listed on your Meharry Medical College record:

Last			
First			
Middle or Maiden			
Student ID:		SSN:	

Your NEW LEGAL NAME as it should appear and as supported by your attached documents:

Last			
First			
Middle or Maiden			
Student ID:		SSN:	

I certify that my name has legally changed as requested and that the supporting documents are true and exact copies of the original.

Signature: _____ Date: _____

Affidavit of Notary Public

State of _____ County _____

On this _____ day of _____ 20____: personally appeared before me, a Notary Public within and for the County and State aforesaid _____ who being duly sworn says that the statements herein contained are strictly true in every respect.

Signature of Applicant

Signed and sworn to before me this _____ day of _____ 20_____.

Signature and Designation of
Officer Administering Oath

SEAL