



# SIU SCHOOL of MEDICINE

## Official Name Change Request Form

OFFICIAL DOCUMENTATION AND VALID IDENTIFICATION MUST BE PRESENTED WITH REQUEST

Acceptable forms of ID include state-issued picture ID and one of the following:  
Marriage Certificate, Divorce Decree, Court Order, or Birth Certificate.

CURRENT NAME: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_

DAWG TAG NUMBER: \_\_\_\_\_

CHANGING NAME TO:

\_\_\_\_\_

FIRST MIDDLE INITIAL LAST

*(Your email address will be changed to reflect your new name. Emails to your former address will automatically be forwarded to your new address.)*

FOR THE FOLLOWING REASON:

MARRIED ON: \_\_\_\_\_  
DATE

DIVORCED ON: \_\_\_\_\_  
DATE

COURT ACTION

OTHER STATE SPECIFIC REASON: \_\_\_\_\_

\_\_\_\_\_

I certify that the above statements are correct and complete and that there is no intent on my part to defraud. I further state that the name currently on record and the name requested above are for one and the same person.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date