



**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

SUBMIT FORM