NEW YORK COLLEGE OF PODIATRIC MEDICINE
OFFICE OF THE REGISTRAR
53 East 124th Street, New York, NY 10035
*p:* (212) 410-8429, *f:* (212) 722-4918

# Change of Legal Name

Today's Date: _____

Former Name, Printed: _____

Student ID #: _____ Date of Birth: _____

E-mail address: _____

## New Name Information:

The following is my new legal name (print clearly):

_____

Last First Middle or M.I.

Effective Date of change(s): _____

*Documentary evidence of legal name change is required and must be attached to this form.

Signature: _____

Office Use Only:

☐ Change(s) entered
Date entered: _____

Registrar's Office: _____
Initials