

This form is to be completed for any type of name change. In order for the Office of Student Services to update your information in our system, **the following documents are REQUIRED***:

- An updated social security card (required in ALL cases)
- An updated driver's license/photo ID
- A copy of the legal documentation providing reason for the name change (e.g. marriage license, decree of adoption)

Please allow 24 hours for processing of this request. An e-mail confirmation will be sent once the change has been made.

Please return completed form & required documents to:

**Enrollment Services
Wake Forest School of Medicine
Medical Center Boulevard
Winston Salem, NC 27157**

Student Name: _____ **Class of** _____

E-mail: _____@wakehealth.edu **Phone:** _____

Former Full Legal Name: _____	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>
New Full Legal Name: _____	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>
Reason for Name Change: _____				

REQUIRED DOCUMENTS

The following required documents are attached (*per the instructions above):

- Social Security Card Driver's License Legal Documentation (e.g. marriage license, decree of adoption)

Regarding Your E-mail Address

Do you wish for your Tag Name** to be changed? Yes No

**Your Tag Name is what people search by to find your e-mail address (e.g. Jane Doe is now Jane Smith).

Regarding Your ID Badge

You will need to report to the Badge Office to have your ID Badge updated with your new name. The Badge Office will not make changes unless they have received prior confirmation from the Office of Student Affairs. Please allow 24 hours for our office to process your request and contact the Badge Office to provide the necessary confirmation.

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY
<input type="checkbox"/> Entered in PeopleSoft Date: __/__/__ Initials: ____