

# GEISEL SCHOOL OF MEDICINE

## NAME CHANGE CERTIFICATION

As of (date) \_\_\_\_\_, I request that my name be changed on my official Geisel School records as follows: **(Please print clearly)**

**From (Previous Name):** \_\_\_\_\_

**To (New Name):** \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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For Reason of: \_\_\_\_\_  
(Marriage, Court order, or specify other)

Please provide the following documentation:

1. Marriage Certificate or Court Order
2. Updated Social Security Card, Driver's License, or Passport

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I fully understand, and am aware of, possible complications that may occur from this change and, therefore, do not and will not hold the Geisel School liable in any way. I also understand that the Geisel School Registrar's Office will notify the appropriate Dartmouth College and Geisel School departments of this change, but it is my responsibility to notify the instructors of the courses in which I am currently enrolled.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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For Registrar Use:

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Documents provided and verified (*check all that apply*):

1.  Marriage Certificate  Court Order
2.  Updated Social Security Card  Driver's License  Passport