

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)

First Name: _____

Middle Name: _____

Last Name: _____

To (New Name)

First Name: _____

Middle Name: _____

Last Name: _____

Graduation Year: _____ Date of Birth: _____ Dartmouth NetID: _____

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

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: _____

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