The Office of the Registrar will process name changes for currently enrolled students only. Currently enrolled students seeking to change their name should submit the following documents to the Registrar’s Office:

1. A complete copy of the Name Change Certification form.
2. Supporting documentation as instructed on the Name Change Certification form.

Upon receipt of the form and supporting documentation, the name change will be processed immediately.
EASTERN VIRGINIA MEDICAL SCHOOL  
Office of the Registrar  
Name Change Instructions and Certification Form

The Registrar’s Office will process name changes for currently enrolled students only.

As of (date) ___________________________, I request that my name be changed on my official EVMS records as follows:

Please print clearly.

**From (Previous Name):**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

**To (New Name):**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

**Program:** ____________________________

**Student ID Number:** _______________

For Reason of: ___________________________________________________________

(Marriage, Court order, or other)

Please provide the following documentation:

- Marriage certificate, court order, updated Social Security Card, Driver’s License, Passport, or Government I.D.

I fully understand, and am aware of, possible complications that may occur from this change and, therefore, do not and will not hold EVMS liable in any way. I also understand that the Office of the Registrar will notify appropriate EVMS departments, course directors and others.

Signed: ____________________________ Date: ______________

For Office Use Only:

Initials: ______ Date: ______

Copy of documentation attached  
(required): _____ (please check)  

07/08