



**SCHOOL OF HEALTH  
RELATED PROFESSIONS**

University of Medicine & Dentistry of New Jersey

Office of Enrollment Services

## OFFICIAL CHANGE OF NAME REQUEST FORM

**Please Print Legibly:**

First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID# \_\_\_\_\_ Program/Major: \_\_\_\_\_ If Joint Program, Affiliate: \_\_\_\_\_

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Program/Major: \_\_\_\_\_ If Joint Program, Affiliate Name \_\_\_\_\_

STATE OF NEW JERSEY or OTHER (STATE/COUNTRY) \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Being of full age and being duly sworn according to law, upon my oath I herein certify that:

- The name that appears on my birth certificate is: \_\_\_\_\_
- The name that you were accepted into SHRP was: \_\_\_\_\_
- If you are now married / divorced, the name you go by is: \_\_\_\_\_
- I have changed my name to: \_\_\_\_\_

Please Select One:

Based upon attached court order

Based upon New Jersey common law

- I am not changing my name for any fraudulent purpose or to avoid criminal prosecution.
- I am making this Affidavit in order to aid the appropriate agencies in correcting or adjusting my records.
- I am submitting supporting documents for this legal/official name change.

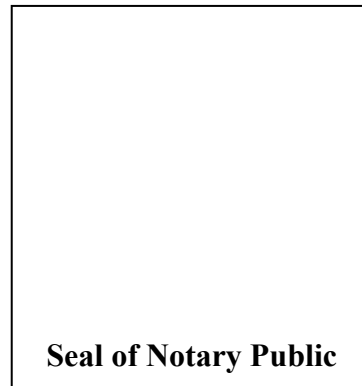
Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Notary Public Signature** \_\_\_\_\_

**Date Signed/Stamped by Notary Public** \_\_\_\_\_



**Seal of Notary Public**

### ENROLLMENT SERVICES USE ONLY

Enrollment Services signature \_\_\_\_\_

Date processed in Banner \_\_\_\_\_