

DARTMOUTH MEDICAL SCHOOL

NAME CHANGE CERTIFICATION

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

From (Previous Name): _____

To (New Name): _____

Graduation Year: _____

Date of Birth: _____

Social Security #: _____

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 Dartmouth Medical School (DMS) liable in any way. I also understand that the DMS Registrar's Office will notify the appropriate Dartmouth College and DMS departments of this change, but it is my responsibility to notify the instructors of the courses in which I am currently enrolled.

Signed: _____ Date: _____