Change of Name Form

Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
Office of Student Records
500 Hofstra University
Hempstead, NY 11549-5000
email: somregistrar@hofstra.edu
phone: 516.463.7576

Instructions: Please type or print in ink. Upon completion, please return this form to the Office of Student Records, room 123. This form must be accompanied by the documentation below. If you have any questions, please call (516) 463-7576.

I affirm that my name as currently recorded on the official Zucker School of Medicine record is:

First: __________________________ Middle: ____________________   Last: ____________________

As of the date on this form, I wish my name on the official Zucker School of Medicine record to be changed to:

First: ________________________ Middle: ______________________   Last: ____________________

for the following reason:

☐ Marriage (original certificate or copy must be shown)
☐ Divorce (original decree or copy must be shown)
☐ Other (appropriate documentation is required)

If other, state reason:
______________________________________________________________________________
______________________________________________________________________________

Birth Date (mm/dd/yyyy): _____________    Student ID (700#): ______________________________

Street Address:
________________________________________________________________________________
________________________________________________________________________________

Student Signature: ___________________________

Date: ___________________________

Last Update: September 6, 2019