



**DONALD AND BARBARA
ZUCKER SCHOOL *of* MEDICINE
AT HOFSTRA/NORTHWELL.**

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: _____