

CHANGE OF NAME FORM

(A copy of a legal document authorizing a name change must accompany this form.)

Last Name: _____ **First:** _____

Touro Law Center ID#: _____ **Division: Year: 1 2 3 4 F/T – P/T LL.M.**

Address: _____
(Number) (Street)

(City) (State) (Zip Code)

Telephone Number: _____ **Email:** _____

Please print current name on file:

(Last) (First) (Middle)

Please print authorized new name below:

(Last) (First) (Middle)

My name has been changed for the following reason:

Date of Change:

- | | |
|---|-------|
| <input type="checkbox"/> Marriage | _____ |
| <input type="checkbox"/> Divorce | _____ |
| <input type="checkbox"/> Court Order | _____ |
| <input type="checkbox"/> Other (Please explain) | _____ |

Signature: _____ **Date:** _____

ACTION BY REGISTRAR'S OFFICE: Request Processed By: _____ Date: _____

Student Notified By: _____ Date: _____

7/8/2008