## UCLA David Geffen School of Medicine

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## LEGAL NAME CHANGE OR CORRECTION (CURRENT STUDENTS ONLY)

## Legal Name Change Process and Instructions

Submit this form, and supporting documentation, to the DGSOM Registrar email account (registrar@mednet.ucla.edu), or in person to the Student Affairs Office (Geffen Hall, Suite 200).

Please note: You must also submit a name change to the main campus registrar as they maintain a database separate from the medical school. Their form can be found at https://www.registrar.ucla.edu/Portals/50/forms/namechange.pdf

- Your legal name cannot be changed without a written request from you (this form). No second-party notification of a name change will be accepted.
- Proof of new legal name (supporting documentation) must be submitted using one of the following pieces of identification: state driver's license or ID card, legal court document, passport, marriage license or social security card.
- If a legal name change occurs during the school year, it is the student's responsibility to notify instructors of the new name after submitting this form to <u>DGSOM Registrar</u>. You will need to follow up with <u>DGSOM Compliance</u> for instructions to obtain a new BruinCard and to update your MedNet email account.
- It is the student's responsibility to change your name with all institutions related to your medical career, including the <u>National</u> <u>Board of Medical Examiners (NBME)</u> and the National Residency Matching Program (NRMP). If you fail to do so it may cause difficulty for you in the future when you are applying for medical licensure or need to have your medical diploma verified.
- To appear on the diploma, name changes must be submitted by the end of February of your graduation year. Name changes submitted after this will result in special-order diploma fees.
- Name changes are processed for current students only.
- All former names are retained in student records.
- All current and former student names are included on the academic transcript.

9-Digit UCLA ID	Date of Birth (mm/dd/yyyy)	
CURRENT LEGAL NAME on record with the DGSOM (print clearly)		
Last First	Middle	
NEW LEGAL NAME to be filed with the DGSOM (print clearly)		
Last First	Middle	

Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only	
SISSRS	Date Received:
MyCourses	Date Processed: