

Name Change or Correction Form

Name Change Process and Instructions

Submit this form and supporting documentation via email to SOM-Registrar@medsch.ucr.edu or in person to the School of Medicine Registrar.

Please note: You must also submit a name change to the main campus Office of the Registrar so your name is updated on your official student record. The necessary form with instructions can be found at: <https://registrar.ucr.edu/grades-records/information#name>.

- Your 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** 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.
- It is the student's responsibility to change your name with all institutions related to your medical career, including the National Board of Medical Examiners (NBME) 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.

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|---|-----------------------------------|
| UCR Student ID | Date of Birth (mm/dd/yyyy) |
| <i>CURRENT NAME on record with UCR SOM</i> | |
| Last | First |
| | Middle |
| <i>NEW NAME to be filed with the UCR SOM</i> | |
| Last | First |
| | Middle |

Signature _____

Date _____

| | |
|--------------------------------|-----------------------|
| Office Use Only | |
| ____ SIS | Date Received: _____ |
| ____ SRS | Date Processed: _____ |
| ____ Help Desk Notification: | _____ |
| ____ Staff Email Notification: | _____ |