



Office of the Registrar  
 1005 Dr. D. B. Todd, Jr. Blvd  
 Nashville, TN 37208-3599  
 (615) 327-6466

**REQUEST FOR NAME CHANGE**

**Name Change Requests require:** Birth Certificate, marriage certificate, divorce decree or court order showing previous name and new name.

**Requests without appropriate documentation will not be processed**

Your name as CURRENTLY listed on your Meharry Medical College record:

Last		
First		
Middle or Maiden		
Student ID:		SSN:

Your NEW LEGAL NAME as it should appear and as supported by your attached documents:

Last		
First		
Middle or Maiden		
Student ID:		SSN:

**I certify that my name has legally changed as requested and that the supporting documents are true and exact copies of the original.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Affidavit of Notary Public**

State of \_\_\_\_\_ County \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_: personally appeared before me, a Notary Public within and for the County and State aforesaid \_\_\_\_\_ who being duly sworn says that the statements herein contained are strictly true in every respect.

\_\_\_\_\_  
 Signature of Applicant

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
 Signature and Designation of  
 Officer Administering Oath

SEAL