MEDICAL COLLEGE OF WISCONSIN

REQUEST FOR NAME CHANGE

A current or former student may request a name change by completing this form. Please note the following:

Current students: in order to receive Title IV funds (financial aid), your name on record with MCW must accurately reflect your current legal name on record with the Social Security Administration.

Former students: please update your name on record with Alumni Relations and Development via an email to alumni@mcw.edu.

MCW employees: please update your name on record with Human Resources via Workday.

All students: your current and former names will appear on the MSPE letter (medical students only) while only your current name will appear on transcripts.

Former Name: _____
(Last name) (First name) (Middle name)

New Name: _____
(Last name) (First name) (Middle name)

Program(s) of Study: _____

In order to complete a name change, at least one document from each category in the following list must be submitted with this form. The documents must include the current legal name.

Category 1	*Category 2*
Court Issued Documents	Driver's License
Divorce Decree	Government Issued Photo ID
Marriage Certificate	MCW ID
Social Security Card	U.S. Passport

Current students only:
Do you wish to also change your MCW email address and username? Select one

If you check yes, MCW Information Services will contact you via MCW email or telephone.

Email: _____ Mobile Telephone Number: _____

Are you an international student?

Are you an employee of MCW?

I verify the submitted documents are true and correct copies of the original documents.

Signature: _____ Date: _____

*Return this form by emailing a PDF of the **signed** form to* acadreg@mcw.edu.