



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 the Name Change Form available on the HR website.

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

Current students only:

Do you wish to also change your MCW email address and username?

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

Email: Mobile Telephone Number: ()

Medical Students: Do you wish to order a new white coat name badge?

The badge replacement fee is \$20.00. Please attach exact cash or check made out to MCW with this form.

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

Signature: Date:

Return this signed form to: Medical College of Wisconsin, Office of the Registrar, M3200, 8701 Watertown Plank Road, Milwaukee, Wisconsin 53226, (414) 955-8733
or Return this form by emailing a PDF of the signed form to acadreg@mcw.edu.