



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: (_____) _____

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.