Tufts University School of Dental Medicine
Office of Enrollment Services – Registrar's Office
Request of Official Name Change

Please complete this form in order to request an official name change on your academic records and attach required documentation. Return form and documentation to:

Office of Enrollment Services – Registrar's Office

Suite 1511

1 Kneeland Street, Boston, MA 02111

FAX: 617-636-4088

Student ID Number or SSN: _____ Year of Graduation_____

Name as it currently appears on TUSDM records:

Suffix: _____ First Name_____ Middle Initial or Name_____

Last Name _____

New Name:

Suffix: _____ First Name_____ Middle Initial or Name_____

Last Name _____

Dates of Attendance: _____

Program of Study (circle one): Degree Certificate

Please attach ONE of the following documents as proof of legal name change (NOTE: If you are a currently enrolled student receiving any form of federal student financial aid including student loans, you MUST submit a signed copy of your Social Security Card bearing the new name.)

- Social Security Card (REQUIRED if currently enrolled and receiving federal student financial aid)
- Copy of biography page of passport
- MA-issued driver's license (license from another state WILL NOT be accepted)
- Copy of court issued document showing old and new names

My signature below authorizes TUSDM to use this name for all future transactions.

Signature_____ Date_____