



College of  
Osteopathic  
Medicine

Office of the Registrar

## NAME CHANGE CERTIFICATION

I request that my name be changed on my official NYIT College of Osteopathic Medicine records as follows:

(Please print clearly)

FROM (PREVIOUS NAME): \_\_\_\_\_

TO (NEW NAME): \_\_\_\_\_

GRADUATION YEAR: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_

For Reason of: \_\_\_\_\_

(Marriage, Divorce, Court Order, or specify other)

Please provide the following documentation:

1. Updated Social Security Card
2. Marriage Certificate, Divorce Decree, or Court Order
3. Driver's License, or Passport

*I request that NYIT College of Osteopathic Medicine change information on my official NYIT College of Osteopathic Medicine records as indicated in this application. I acknowledge that the change is being requested to correct inaccurate information or because the change has been legally changed and is supported with documents I have furnished with this application.*

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

NYITCOM at Arkansas State University  
P. O. Box 119  
State University, AR 72467  
Phone: 870-972-2786  
Fax: 870-680-8800  
[comjbregistrar@nyit.edu](mailto:comjbregistrar@nyit.edu)

NYIT College of Osteopathic Medicine  
Northern Blvd., PO Box 8000  
Serota Building-Rm 222  
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OFFICE USE ONLY  
I have reviewed the original documents. \_\_\_\_\_