NEW YORK INSTITUTE OF TECHNOLOGY
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: 870-680-8808
comjbregistrar@nyit.edu

NYIT College of Osteopathic Medicine
Northern Blvd., PO Box 8000
Serota Building-Rm 222
Old Westbury, NY 11568-8000
Phone: 516-686-3852
medicineregistrar@nyit.edu

OFFICE USE ONLY
I have reviewed the original documents. _____