

THE DAVID GEFKEN SCHOOL OF MEDICINE AT UCLA  
Name Change or Correction



**Name Change Process and Instructions**

Submit this form and supporting documentation to Linda Cuesta, Registrar/Student Records Manager, by fax at (310) 794-9574, email at [registrar@mednet.ucla.edu](mailto:registrar@mednet.ucla.edu) or mail at 12-159 CHS, Box 951720, Los Angeles, CA 90095-1720.

**Please note:** You must also submit a name change to the main campus registrar, as they maintain a database separate from the medical school. Their form can be found at:

<http://www.registrar.ucla.edu/forms/namechange.pdf>

- Your name cannot be changed without a written request from you. No second-party notification of a name change will be accepted.
- Proof of **new** name must be submitted using one of the following pieces of identification: marriage license or legal court document, passport, driver’s license or ID card.
- If a name change occurs during the school year, it is your responsibility to notify instructors of the new name after submitting this form
- It is the student’s responsibility to change your name with all institutions related to your medical career, including the National Board of Medical Examiners (NBME) and the National Residency Matching Program (NRMP). If you fail to do so it may cause difficulty for you in the future when you are applying for medical licensure or need to have your medical diploma verified.
- Name changes are accepted from currently enrolled students only. All other name change requests, except for United States legal documented name changes, are subject to review.

<b>9-Digit UCLA ID</b> _____	<b>SSN</b> _____	
<b><i>CURRENT NAME on record (print clearly)</i></b>		
_____	_____	_____
<b>Last</b>	<b>First</b>	<b>Middle</b>
<b><i>NEW NAME (print clearly)</i></b>		
_____	_____	_____
<b>Last</b>	<b>First</b>	<b>Middle</b>

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

<b>Office Use Only</b>		
_____ <input type="checkbox"/> SIS	_____ MedNet Notification	Date Received: _____
_____ <input type="checkbox"/> SRS		Date Processed: _____
_____ Staff Email Notification		Processed By: _____