

**UNIVERSITY OF ROCHESTER
SCHOOL OF NURSING**

STUDENT NAME CHANGE FORM

(Please print)

Old Name _____
(last) (first) (m.i.)

New Name _____
(last) (first) (m.i.)

Student ID # _____ Program _____

____ Same ____ New

Email Address: _____

____ Same ____ New

Current Address: _____

____ Same ____ New

Telephone Number _____

Signature _____ Date _____