



MOUNT SINAI
SCHOOL OF
MEDICINE

Office of the Registrar
One Gustave L. Levy Place
Annenberg Building-Room 5-16
Box 1257
New York, NY 10029-6574

Phone 212.241.6691
Facsimile 212.369.6013
E-mail: registrar@mssm.edu

Address or Name Change

Name _____ Date _____

Life # _____ Phone: _____

New Address or Phone Number

- Local Address _____
- Permanent Address _____
- Emergency Contact _____
- Next of Kin _____

Effective

Date: ____/____/____

Phone _____ Pager _____

- I acknowledge that I must update my information in the online student directory on web-ed. (<http://web-ed.mssm.edu>)**

Student Signature _____ Date _____

Name Change

You must present legal documentation of your name change with this form. The addition of a middle name that was not on your original application also constitutes a name change.

Former Name: _____

New Name: _____

Documentation presented:

- Court order
- Marriage certificate
- Passport
- Other _____

<p><i>Office Use Only:</i> Name Documentation verified by: _____ Processed: ____/____/____ Name changes must also be updated in AAMC SRS and status list Forms/address name change 12/05</p>
