



Yeshiva University

OFFICE OF THE REGISTRAR

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|------------|---|--------------------|--------------------|------------------|----------------------------------|
| Beren: | 215 Lexington Avenue, 6 th Floor | New York, NY 10016 | Phone 212 340 7777 | Fax 212 340 7837 | E-mail berenregistrar@yu.edu |
| Brookdale: | 55 Fifth Avenue, Suite 1034 | New York, NY 10003 | Phone 212 790 0295 | Fax 212 790 0341 | E-mail brookdaleregistrar@yu.edu |
| Ferkauf: | 1165 Morris Park Avenue, Rouso Bldg | Bronx, NY 10461 | Phone 718 430 3943 | Fax 718 430 3960 | E-mail resnickregistrar@yu.edu |
| Wilf: | 500 West 185th Street, Rm 114 | New York, NY 10033 | Phone 212 960 5274 | Fax 212 960 0004 | E-mail wilfregistrar@yu.edu |

Request for Change of Name on School Records

For current students who desire their name to be changed/listed differently on official University records.

In all cases where the student's name is changed the original name will remain on the record, as well as the new one.

In case of divorce or annulment the change will be recorded as follows:

SMITH, JANE – maiden name resumed (date)

~~DOE, JANE~~

In case of change of last name the change will be recorded as follows:

SMITH, JOHN – name changed legally (date) from

DOE, JOHN

A change of the first name will be made in the following form:

SMITH, JACK – also known as

SMITH, JOHN

YU ID #: _____

Name as it currently appears on school records _____
Last First Middle

New Name _____
Last First Middle

Mailing address: _____

(If Dormitory, Building & Room) _____

Phone: _____ Email: _____

School(s) of YU student is currently attending (check all that apply)

Undergraduate: IBC JSS KATZ MYP SBMP SCW SSSB YC

Graduate: AGS BRG CARDOZO FERKAUF KATZ SCW SSSB WSSW

Documentation: I am presenting one of the following forms of documentation to substantiate my new name (check one):

Birth Certificate Court Order Driver's License Social Security Card Passport

Student's signature: _____ Date: _____

Student submits form to the Office of the Registrar.

For Office Use Only

Office of the Registrar:

Processed by: _____

Date: _____