



Albert Einstein College of Medicine

Office of the Registrar
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Belfer Building, Rm 210
Bronx, NY 10461

Phone: 718.430.2102 Fax: 718.430.4123
Einstein-MDregistrar@einsteinmed.org

Change of Name Form (MD)

Current Name on School Record: _____
Last, First, MI

Banner ID#: _____

Date of Birth: _____

Address:

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Documentation (Provide one of the following forms of documentation to substantiate change of name):

- Marriage License
- Driver's License
- Passport
- Court Order
- Birth Certificate

New Name: _____
Last, First, MI