

Lehman College

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CHANGE OF NAME FORM

Nursing Department Records

Today's Date: _____

CURRENT STATUS

<input type="checkbox"/>	Generic-BS
<input type="checkbox"/>	RN-BS
<input type="checkbox"/>	Master's Program
<input type="checkbox"/>	Lehman/Nursing Application in progress
<input type="checkbox"/>	Alumni

OLD NAME (Please Print)

Last First Middle

Maiden (if applicable)

Social Security #: _____

CHANGE TO: NEW NAME (Please Print)

Last First Middle

Maiden (if applicable)

Date changed with Registrar's Office: _____

Signature

Completed/Filed-Admin: _____