

Name and Address Change Form

Process and Steps for Completing the Name and Address Change Form

Once an applicant is admitted to the University of Oklahoma Health Sciences Center, they are officially considered a Student. All Students should use this form to update their name and/or address information with the University.

Steps: 1) complete the Name and Address Change Form; 2) attach the appropriate documentation for all name change requests; and 3) submit the completed form with all signatures and attachments to the Office of Admissions and Records, Student Union Location, 1105 N. Stonewall Avenue, Library 121, Oklahoma City, OK 73117. This form and any attachments can also be faxed to (405) 271-2480.

International Students: Report any name or address change within 10 days to the Immigration Advisor in the Office of Admissions and Records, LIB 121.

Policy

Name Changes:

Name changes for Students require legal documentation. Based upon Section 1637 of Title 12 of the Oklahoma Statutes states on Name Changes: "No natural person in this State may change his or her name except as provided in Sections 1 to 5 inclusive of this Act, other than marriage or divorce or by adoption. Sections 1 to 5, set out the procedure for changing of names by petition to the court." This includes court orders such as decrees, naturalizations, marriage, divorce, or adoption.

Students using a hyphenated name as a married name, may use their maiden name, by submitting a notarized statement identifying the use of the maiden name on all school records and professional documents. Students who want to use their maiden name to replace a middle name can be processed by the Office of Admissions and Records without a notarized statement.

During the College of Medicine application process, any applicant having a legal change of name must contact AMCAS directly and those changes are reflected in a new download of the electronic information as an update to an applicant record. When a student is accepted, any further changes are maintained according to University policy.

Student Name - Former (please print)			Student ID Number
Last Name	First Name	Middle	

Name Change	Student Name - Present (please print)			Marital Status	Legal Document Provided
	Last Name	First Name	Middle	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Court Order
	Reason for Name Change			Have you received a previous degree from OUHSC?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Address Change	Current Mailing Address (Home Address)				Home Phone
	Street	City, State	Country	Zip Code	()
	Permanent Mailing Address (Address of Legal Residence)				Permanent Phone
	Street	City, State	Country	Zip Code	()
Effective Date		Work Phone (Extension)	Cell Phone	Fax	
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Authorizations and Signatures

Student Signature	Date	Office of Admissions and Records	Date
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Administrative Use Only

Processed By	Date	Comments
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