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**This Form Must be Accompanied by an  
Original Legal Documentation of Your New Name**  
*(Marriage Certificate, Divorce Decree or Legal Name Change Certificate)*

**Current Name Information** Please PRINT

Current Name: \_\_\_\_\_  
Last First Middle

SSN/Banner ID: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Program/Degree: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Campus Attending:  Philadelphia  Georgia

Are you currently enrolled at PCOM?  Yes  No: Last Date Attended: \_\_\_\_\_

**New Name Information:** Print your new name exactly the way it should appear on your records

NEW Name: \_\_\_\_\_  
Last First Middle

Effective Date for Name Change (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal Documentation of this name changed is attached.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REGISTRAR'S OFFICE USE ONLY BELOW**

Date Processed \_\_\_\_\_ By \_\_\_\_\_