

Name Change Affidavit

Please note: This form must be notarized by a Notary Public.

Photocopies of the following forms of identification must be submitted with this document: a government-issued ID, another form of ID, and proof of use of the former name (credit card, CUID, marriage certificate, bank statement, etc.).

Identification

UNI (if applicable): _____ Date of Birth (MM/DD/YY): _____

CUID (if applicable): _____

The undersigned, being duly sworn, deposes that prior to the date indicated below, he or she was enrolled at Columbia University:

Previous Name

Last: _____ First: _____ Middle: _____

That on or about (date) _____, his or her name was changed to:

New Name

Last: _____ First: _____ Middle: _____

and that this is the name by which he or she is now and will hereafter be known.

Columbia Attendance

School: _____ Degree: _____ Dates of Attendance: _____

School: _____ Degree: _____ Dates of Attendance: _____

School: _____ Degree: _____ Dates of Attendance: _____

Contact Information

Email Address: _____ Phone Number: _____

Student's Signature: _____

Notary Stamp:

County: _____

State: _____

Subscribed and signed before me on this date: _____

Notary's Signature: _____

Please return this form to one of the following offices:

Morningside Campus
University Registrar, Student Service Center
Columbia University, 205 Kent Hall, MC 9202
1140 Amsterdam Ave., New York, NY 10027
212-854-4400

Medical Center
Columbia University
1-141 Black Building, Unit 45
650 W. 168th St., New York, NY 10032
212-342-4790