



Request for Change of Record

Office of the Registrar

Student Information

Last Name (Currently on Record)	First Name (Currently on Record)	Middle Name / Initial	Suffix
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Name Change

Marriage Name Change
 Divorce Name Change
 Legal Name Change
 First Name Change
 Middle Name Change

Documentation Required for Name Changes:
Marriage – Copy of marriage certificate, marriage license, court entry, or valid U.S. passport*.
Divorce – Copy of Divorce Decree, court entry, order of legal name change, or valid U.S. passport*.
Legal Name Change – Court order of legal name change or valid U.S. passport*.
First Name Change (ex. From variation to legal name) – Copy of birth certificate or valid U.S. passport*.
Add or Change Middle Name/Initial – Copy of birth certificate or valid U.S. passport*.
 *If non-U.S. passport is provided, a copy of your U.S. visa document is also required. Documentation must be in English or have a translation on the form.

NEW Last Name	NEW First Name	NEW Middle Name / Initial	Suffix
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Social Security Number Change

Requests for changes to your Social Security Number must be returned in person. Please do not fax or email Social Security Number requests.

Social Security Number Change

Documentation Required for Social Security Number Changes:
 Copy of Social Security Card.

INCORRECT Social Security Number	CORRECT Social Security Number
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Date of Birth Change

Date of Birth Change

Documentation Required for Date of Birth Changes:
 Copy of birth certificate or valid U.S. passport*. *If non-U.S. passport is provided, a copy of your U.S. visa document is also required. Documentation must be in English or have a translation on the form.

INCORRECT Date of Birth (MM/DD/YYYY)	CORRECT Date of Birth (MM/DD/YYYY)
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Change of Address

Address		Apt./Suite Number	
City	State	Zip Code	

Certification

I have included all requested documentation.
 I affirm that the information provided on this form is complete and true.
 I understand that I am subject to Burrell College of Osteopathic Medicine Code of Student Conduct and that furnishing false information on this form may result in cancellation of admission or registration, or both.

Signature	Date
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Return form to: Office of the Registrar, 3501 Arrowhead Drive, Las Cruces, NM 88001
Fax to: 575-674-2267 | Email to: Registrar@bcomnm.org | (Do not fax/email Social Security Number Changes)

THIS SECTION TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Office of the Registrar Signature	Date