Request for Change of Record  
Office of the Registrar

### Student Information

<table>
<thead>
<tr>
<th>Last Name (Currently on Record)</th>
<th>First Name (Currently on Record)</th>
<th>Middle Name / Initial</th>
<th>Suffix</th>
</tr>
</thead>
</table>

### 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.

<table>
<thead>
<tr>
<th>NEW Last Name</th>
<th>NEW First Name</th>
<th>NEW Middle Name / Initial</th>
<th>Suffix</th>
</tr>
</thead>
</table>

### 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.

<table>
<thead>
<tr>
<th>INCORRECT Social Security Number</th>
<th>CORRECT Social Security Number</th>
</tr>
</thead>
</table>

### 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.

<table>
<thead>
<tr>
<th>INCORRECT Date of Birth (MM/DD/YYYY)</th>
<th>CORRECT Date of Birth (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

### Change of Address

<table>
<thead>
<tr>
<th>Address</th>
<th>Apt./Suite Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

### 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**

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

THIS SECTION TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR

- □ Approved  
- □ Denied  

**Office of the Registrar Signature**  
**Date**

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Revised: 08/2018