

# 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: \_\_\_\_\_

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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