



United Medical Institute

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STUDENT CHANGE OF NAME FORM

This form is to document a former name or a new change in your name or other information below.

Former Information:

Current Information:

Last Name: _____

**First Name,
Middle Initial:** _____

**School ID #/
Social Security#:** _____

My change is a result of (check one):

Court Order •

Marriage •

Dissolution of Marriage •

Naturalization •

Other (specify): _____

I hereby certify, under penalty of perjury, under the laws of the state of California that all statements, answers, and representations on this form are true, complete and accurate.

Student Signature: : _____

Date: _____

School Official Signature: _____

Date: _____