

THOMAS JEFFERSON UNIVERSITY

NAME CHANGE REQUEST FORM

OLD NAME: _____

NEW NAME: _____

CAMPUS KEY: _____

COLLEGE: SKMC__ JCHP__ JCP__ JCN__ JCPH__ JCRS__ JCLS__ IEHP__

SIGNATURE: _____

NOTE: Kindly provide a copy of any valid govt. issued ID, SSN card, marriage certificate or court document as a proof for your name change.