

**BIRTHINGWAY COLLEGE OF MIDWIFERY  
CHANGE OF NAME FORM**

My current legal name of \_\_\_\_\_

has been legally changed to \_\_\_\_\_

I am providing the following proof of legal name change (you must provide original documents or notarized copies):

Current driver's license/state issued ID card **AND** new social security card **with new name**

**OR**

Current passport showing new name

I am (mark more than one if applicable);

a student in the midwifery program

a preceptor

a student in the lactation program

a teaching assistant

a community student

a staff member

a classroom faculty member

I attest that the information contained on this form is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Effective Date

Please **either** bring this form to the front office along with original documents **or** send form with **notarized copies** of documents to Birthingway College of Midwifery, 12113 SE Foster Rd, Portland, OR 97023 - Thank You!

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 Copy of original documentation made by \_\_\_\_\_ on \_\_\_\_\_.

**OR**

Notarized documentation submitted with this form on \_\_\_\_\_.

**Office Use Only:**

Routing	<input type="checkbox"/> Received on _____ by _____.
	<input type="checkbox"/> OPS
	<input type="checkbox"/> REG
	<input type="checkbox"/> FIN
	<input type="checkbox"/> TECH
	<input type="checkbox"/> APC
	<input type="checkbox"/> FAC
	<input type="checkbox"/> LIB
	<input type="checkbox"/> LPC
	<input type="checkbox"/> MPC
	<input type="checkbox"/> SPC
	<input type="checkbox"/> File