



# Notification of Legal Name Change

Please print this form, fill it out completely, and email it to [Registrar@muih.edu](mailto:Registrar@muih.edu) with a photo ID and supporting documents.

Former Legal Name (please print): \_\_\_\_\_

Current Legal Name (please print): \_\_\_\_\_

Student ID Number \_\_\_\_\_ Email: \_\_\_\_\_

**Please check one or more of your affiliation(s) with MUIH:**

- Current Student                      Program \_\_\_\_\_
- Alumnus/Alumna                      Program \_\_\_\_\_

**Reason for Request**

- Spelling Correction     Marriage     Reverting to Maiden Name     Court Order     Other

**Legal Supporting Documentation Provided (list type):** \_\_\_\_\_

**Official legal documentation may include a copy of a marriage certificate, social security card, driver’s license, passport, or divorce decree with the new name. You will also be asked to submit a photo ID to verify your identity.**

**Would you like the IT department to assign you a new e-mail address based on this change?**    Yes     No

**Additional changes or comments:**

\_\_\_\_\_

**Please sign and date:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any student or Alumni of MUIH may request a name change by submitting a request to the Registrar’s Office. Requests for a name change will not be processed without sufficient documentation.

**Maryland University of Integrative Health Office of the Registrar  
7750 Montpelier Road, Laurel, MD 20723  
Email: Registrar@muih.edu**