

BIRTHINGWAY COLLEGE OF MIDWIFERY CHANGE OF NAME FORM

My prior legal name of:

Legal First Name	Legal Middle Initial	Legal Last Name
------------------	----------------------	-----------------

has been legally changed to:

Legal First Name	Legal Middle Initial	Legal Last Name
------------------	----------------------	-----------------

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: (please mark more than one if applicable)

- | | |
|---|--------------------------------|
| ___ a student in the Midwifery Program | ___ a classroom faculty member |
| ___ a student in the Lactation Program | ___ a preceptor |
| ___ a Community student | ___ a teaching assistant |
| ___ a student in a Specialized Program: | ___ a staff member |
| <input type="checkbox"/> Childbirth Ed
<input type="checkbox"/> Labor Doula
<input type="checkbox"/> Postpartum Doula | |

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

Signature*	Date Signed*	Effective Date*
*required		

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!

OR

___ Copy of original documentation made by _____ on _____.

___ Notarized documentation submitted with this form on _____.

Office Use Only: Received on _____ by _____. Please Route to: ___ OPS ___ REG ___ FIN ___ TECH ___ FAO ___ FAC ___ LIB ___ LPC ___ MPC ___ SPC ___ File
