

Change of Address/ Name form

Office of the Registrar

Mail code L-109, Mackenzie Hall 1120
3181 SW Sam Jackson Park Rd.
Portland, OR 97239



OREGON
HEALTH & SCIENCE
UNIVERSITY

503-494-7800 phone
503-494-4629 fax

Please complete all fields below and mail, fax or deliver to the Registrar's Office.

Current Name: _____
Last First M.I. Maiden/Former

Student ID or Social Security Number: _____

Legal Name Change: Please attach supporting documentation (marriage license, driver's license, etc.). *Before submitting this form to OHSU, it is important that the change is also made with the [Social Security Administration](#) or visit www.ssa.gov.*

This section is for current students only. If you are a former student, your student records will reflect the name that this office had on file at the time of graduation or the time that you discontinued your enrollment.

Reason for name change: New legal name New married name Former name

New Name: _____
Last First M.I. Maiden/Former

Mailing Address Changed To: (Please Print)

Mailing Address

City State Zip

Phone Number

Student Signature Date