Name (First) Name (Last) Middle Initial

Dates of Attendance at College of Traditional Midwifery

Physical Address

Please check if Physical Address and Mailing Address are the same

Mailing Address

Current Phone Number

Current Email Address

Previous Name

New Name

By signing the document below, I hereby authorize that all current and future entries to my permanent record at The College of Traditional Midwifery may be updated to my current name.

Please attach a copy of your legal documentation showing your name change to this form.

Student Signature

Date