



The
DISCIPLINARY BOARD
of the Supreme Court of Pennsylvania

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REQUEST FOR NAME CHANGE

You may not practice under a name other than that by which you are currently registered.

First _____ Middle _____ Last _____

(Name As Currently Registered)

First _____ Middle _____ Last _____

(Requested Name Change)

Attorney ID#: _____

Telephone: _____

E-Mail Address: _____

Effective Date of Name Change: _____

Document Authorizing Name Change:

- Social Security Card (first 5 digits may be redacted)
- Valid Passport
- Court Order

Signature: _____ Date: _____

Email, fax, or mail completed form with a copy of the above-noted official document.