



CHANGE OF NAME / ADDRESS REQUEST FORM

Old Name: _____

Old Address: _____

New Name: _____

New Address: _____

Print Name: _____

Signature: _____

Date: _____

Telephone: _____

PLEASE COMPLETE AND RETURN TO:

University at Buffalo
Jacobs School of Medicine and Biomedical Sciences
Department of Pathology and Anatomical Sciences
Anatomical Gift Program
128 Farber Hall
3435 Main Street
Buffalo, NY 14214-3000