UNIVERSITY OF SOUTH CAROLINA

STUDENT NAME CHANGE REQUEST

(Please print)

Incomplete information may result in processing delays.

Incorrect name as shown on record: _____ _____ _____

Last First Middle

USC Identification Number: _____ Date of Birth: _____

First Term: _____ Last Term: _____

PREFERRED NAME: Your academic record must be maintained under your full legal name. However, if your legal name contains more than 18 characters (including spaces), it is condensed for certain documents such as class rolls. Fill in the following with the condensed version of your legal name you desire. (Nicknames are not acceptable)

FULL LEGAL NAME: (Your academic record must be maintained under your full legal name – see documentation requirements below.)

First Name _____ Middle Name _____

Last Name _____ Jr., III, etc. _____

Current Address:

Street: _____

Apt., P.O. Box, Lot #: _____

City/State: _____ Zip Code: _____

Phone Number: _____

Current E-mail Address: _____

This form must be accompanied by a copy of a legal document reflecting a name change. Such documents are a marriage license, divorce decree that reinstates the maiden name, adoption documents, court order, valid passport or birth certificate. Documents which are **not considered** legal documents are social security card, driver's license, or notarized statement.

Signature (correct name of student):

_____

Date: _____

Office of the University Registrar
University of South Carolina
Columbia, SC 29208-0001

AS-1 (Rev. 07/05)

Office Use Only

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Date: _____