UNIVERSITY OF SOUTH CAROLINA STUDENT NAME CHANGE REQUEST

(Please print)

Incomplete information may result in processing delays.

Incorrect name as shown on record:							
	Last F	irst	М	iddle			
USC Identification Number:		Date of Birth:					
First Term:	Last Term:	Last Term:					
PREFERRED NAME: Your academic record contains more than 18 characters (including following with the condensed version of your statement of the condense version of your statement of your st	g spaces), it is condensed for certa	ain doc	uments such as cla				
FULL LEGAL NAME: (Your academic record below.)	must be maintained under your full l	egal na	me – see document	ation re	quireme	nts	
First Name	Middle N	ame					
Last Name		Jr., III, e	etc.				
Current Address:			Office Us	se Onl Yes	ly No		
Street:			ISPOUPDT	162	INU		
Apt., P.O. Box, Lot #: City/State:	Zip Code:		Audited/ Unaudited				
·			PR				
Phone Number:			ET				
Current E-mail Address:			LT				
name change. Such documents are a marri reinstates the maiden name, adoption d passport or birth certificate. Documents w	form must be accompanied by a copy of a legal document reflecting a see change. Such documents are a marriage license, divorce decree that states the maiden name, adoption documents, court order, valid sport or birth certificate. Documents which are not considered legal uments are social security card, driver's license, or notarized statement.		Microx Microfilm GENUPDAT USCCOMMT				
Signature (correct name of student):			Microfilm Index Degree Apps				
Date:			Sch Code				
Office of the University Registrar University of South Carolina Columbia, SC 29208-0001			Spreadsheet Processed by:				
			Date:				

AS-1 (Rev. 07/05)