

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)

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

First Name

Middle Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Last Name

Jr., III, etc.

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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

Office Use Only

	Yes	No
ISPOUPDT		
Audited/ Unaudited		
PR		
ET		
LT		
Microx		
Microfilm		
GENUPDAT		
USCCOMMT		
EIP		
Microfilm Index		
Degree Apps		
Sch Code		
Spreadsheet		
Processed by: _____		
Date: _____		