



NAME CHANGE FORM

University of South Alabama
 College of Medicine
 Office of Student Records
 1005 Medical Sciences Building
 Mobile, Alabama 36688-0002

- Instructions:
- * Form must be filled out completely
 - * Please print legibly
 - * This form is for currently enrolled students only

PRINT Last Name Prior to Name Change:			
	Last Name		
USA StudentID #	Date of Birth	Social Security # (Voluntary)	
NEW Last Name	First Name	Middle Name space Jr., III, etc.	
		Single	Married Widowed Divorced
MAIDEN NAME (last only)	Spouse Name (First Only)	Marital Status (Circle One)	

STUDENT'S SIGNATURE _____

DATE OF REQUEST _____

A copy of the appropriate official documentation must be submitted with this request. Appropriate forms of documentation are: birth certificate, driver's license, marriage license, court order, social security card, passport, or visa. The University reserves the right to request more than one form of documentation for verification purposes.

FOR REGISTRAR'S OFFICE USE ONLY:		Initial	Date	
Manual Transcript		_____	_____	Code
Records Supervisor		_____	_____	Clerk
Student Folder		_____	_____	Date
Cand. Grad.	Yes No	_____	_____	