



Edward Via College of  
Osteopathic Medicine

**VIRGINIA**

## Name Change Request Form

**To officially change your name you will need to complete this form and submit the following documentation supporting your name change.**

***Note:* If any prior Virginia Tech affiliation, student must take all supporting documents to the Virginia Tech Registrar for additional processing.**

- **Copy of social security card**
- **Driver's license**
- **Legal documentation certifying your name change**  
(Marriage license, divorce decree, court order, etc.)

Current name on VCOM records \_\_\_\_\_

Current Status:     OMS I         OMS II         OMS III         OMS IV

Class Year: 20\_\_\_\_\_

\_\_\_\_\_  
Official Name Change

\_\_\_\_\_  
Effective Date

Name for Name Tag \_\_\_\_\_

By my signature below, I acknowledge that the above listed documentation is correct and legal. I understand by submitting this information my name will be officially changed in the VCOM Registrar's office. I understand that I am responsible for any costs incurred in processing this name change including but not limited to the ordering of a new diploma.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RETURN COMPLETED FORM AND REQUIRED DOCUMENTS TO:**

Office of the Registrar  
VCOM - Virginia  
2265 Kraft Drive  
Blacksburg, VA 24060  
[Registrar-vc@vcom.vt.edu](mailto:Registrar-vc@vcom.vt.edu)