

Edward Via College of Osteopathic Medicine

Name Change Request Form

To officially change your name, complete this form and submit the required supporting documentation to the Office of the Registrar either in-person or via email. Changes to a student's name will not be made after the student graduates.

Current Name on VCOM Reco	ords:		
	First	Middle	Last
Class of:			
Campus:			
Please change my name to:			
	First	Middle	Last

Three forms of supporting documentation must be attached to this request.

The student must submit:

Copy of social security card with new name

AND

Copy of driver's license with new name

One additional form of legal documentation from the options below must also be submitted:

Copy of marriage license with new name

Copy of divorce decree with new name

Copy of court order with new name

Other form of legal documentation certifying name change (please specify)

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.

Student Signature:

Date:

RETURN COMPLETED FORM AND REQUIRED DOCUMENTS TO:

Auburn Campus

Office of the Registrar Edward Via College of Osteopathic Medicine – Auburn Campus 910 South Donahue Drive, Auburn, AL 36832 <u>Registrar-ac@auburn.vcom.edu</u>

Carolinas Campus

Office of the Registrar Edward Via College of Osteopathic Medicine – Carolinas Campus 350 Howard Street, Spartanburg, SC 29303 <u>Registrar-cc@carolinas.vcom.edu</u>

Louisiana Campus

Office of the Registrar Edward Via College of Osteopathic Medicine – Louisiana Campus 4408 Bon Aire Drive, Monroe, LA 71203 <u>Registrar-lc@ulm.vcom.edu</u>

Virginia Campus

Office of the Registrar Edward Via College of Osteopathic Medicine – Virginia Campus 2265 Kraft Drive, Blacksburg, VA 24060 <u>Registrar-vc@vt.vcom.edu</u>