



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.

- **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
Edward Via College of Osteopathic Medicine – Carolinas Campus
350 Howard Street
Spartanburg, SC 29303
Registrar-cc@carolinas.vcom.edu