CHANGE OF NAME REQUEST FORM

If you are a foreign national student, International Services at CGS101 must pre-approve* this change of name request before submission to the University Registrar's Office for processing.
Do you want this change of name to appear on your upcoming (for potential graduates) and/or duplicate/replacement diploma? Yes____ No _____
PLEASE FILL IN ALL REQUESTED INFORMATION NEATLY AND COMPLETELY.

Current Student Name: _____
Last Name First Name Middle

Former Student Name: _____
Last Name First Name Middle

Student ID: _____

Current Address (required)
(Street 1)
(Street 2)
(Street 3)
(City) (State)
(Zip Code) (Area Code) (Telephone Number)

Reason for Change: (Check appropriate box and attach copy of legal documentation for justification)	
	Marriage
	Divorce
	Legal/Court Order
	Misspelling Correction
	Other (explain)

_____ _____
Student Signature Date

DO NOT WRITE BELOW THIS LINE. REGISTRAR'S OFFICE USE ONLY

***International Services Approval Signature**

URO Staff Initials & Date Processed

OFFICE OF THE REGISTRAR
University of South Florida • 4202 East Fowler Avenue, SVC 1034 • Tampa, Florida 33620-6950
(813) 974-2000 • Fax (813) 974-5271 • www.registrar.usf.edu