

## Request for Change of Name

**Copy of social security card, driver's license and legal document certifying change must accompany this form**

Name currently on VCOM records \_\_\_\_\_

Current Student status:    ( )MS I   ( )MS II   ( )MS III   ( )MS IV

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Official name \_\_\_\_\_ Effective Date \_\_\_\_\_

Name for new Name Badge \_\_\_\_\_

By my signature below, I understand that the above listed documents must be on file with the Office of the VCOM Registrar before my name will be officially changed. Any official document that has been printed with this changed name will not be presented to me or on my behalf until such time as I have presented these and any additional documents that may be requested in support of this name change. 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 Virginia College of Osteopathic Medicine  
2265 Kraft Drive  
Blacksburg, VA 24060  
[kthorsen@vcom.vt.edu](mailto:kthorsen@vcom.vt.edu)*

Revised 04/02/2008