



Request for Change of Name

Copy of social security card, driver's license and legal documentation certifying your name change must accompany this form.

Name currently on VCOM records _____

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

Official Name Effective Date

Name for New Name Badge _____

By my signature below, I understand that the above listed documentation 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 issued 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 College of Osteopathic Medicine – Carolinas Campus
350 Howard Street
Spartanburg, SC 29303
gpittman@carolinas.vcom.edu