

CHARLESTON

SCHOOL OF LAW

OFFICE OF THE REGISTRAR
NAME CHANGE REQUEST FORM
(Please print)

Please complete all fields and provide copies of proper documentation with this form. All documents must be either originals or certified copies by the issuing agency. We cannot accept photocopies or notarized copies of documents. Copies will be made of your official documentation upon presentation and immediately returned to you. Name change requests without supporting documentation will not be processed.

NAME USED WHILE IN ATTENDANCE – Current Name on Record:

First	Middle	Last	Suffix

DOCUMENTATION NEEDED FOR –

CURRENTLY ENROLLED STUDENTS*	ALUMNI
<input type="checkbox"/> Social Security card (REQUIRED) In addition, please provide one of the following: <input type="checkbox"/> Marriage document <input type="checkbox"/> Divorce decree <input type="checkbox"/> Court order <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Certificate of Citizenship	Please provide one of the following: <input type="checkbox"/> Marriage document <input type="checkbox"/> Divorce decree <input type="checkbox"/> Court order <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Certificate of Citizenship

***CURRENTLY ENROLLED STUDENTS** – The IT Department will be notified of your name change, and your @charlestonlaw.edu email address will be updated to reflect this change. This new email address also will become your new CSOL Access login.

NEW LEGAL NAME – I hereby certify that I wish to have my name on official records at the Charleston School of Law changed to the name provided below. My legal name as it appears on my Social Security card is:

First	Middle	Last	Suffix

I understand that this name will appear on future transcripts, attendance rosters, and other law school records.

SIGNATURE _____ **DATE** _____

OFFICE USE ONLY
Date Received: _____ Date Processed: _____ By _____ IT _____ Fin Aid _____ Acct _____