UNIVERSITY OF SOUTH FLORIDA
ST. PETERSBURG

OFFICE OF ADMISSIONS & RECORDS - BAY 102
140 Seventh Avenue South St. Petersburg, FL 33701-5016
(727) 873-4142 FAX (727) 873-4525

Change of Name Request Form

(Attach copy of legal document for justification.)

Student ID number _____

From _____
Last ***First*** ***Middle***

To_____
Last ***First*** ***Middle***

Current Address (*required)*

Reason for Change – check appropriate and attach copy of legal document
_____ Marriage **_____Legal/Court Order** **_____Misspelling correction**
_____ Divorce **_____Other (explain)**

_____ _____
signature (required) ***date (required)***

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

USFSP Rev.04/06 MWilliams

_____
Initials & date processed