



COASTAL CAROLINA  
UNIVERSITY

# Student Name Change Request

Select all that apply:

- Current Student
- Current Faculty/Staff/Student Employee
- Former Student
- Former Faculty/Staff/Student Employee

**Incomplete information may result in processing delays.**

**PLEASE PRINT**

**INCORRECT NAME AS SHOWN ON RECORD**

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student ID number \_\_\_\_\_

First term \_\_\_\_\_ Last term \_\_\_\_\_

**PREFERRED NAME:** Your academic record must be maintained under your full legal name. However, if your legal name contains more than 18 characters (including spaces), it is condensed for certain documents such as class rolls.

**FULL LEGAL NAME:** Your academic record **must** be maintained under you full legal name. (See documentation requirements below)

First name \_\_\_\_\_ Middle name \_\_\_\_\_

Last name \_\_\_\_\_ Suffix \_\_\_\_\_

**CURRENT ADDRESS**

Apt., P.O. Box, Lot number \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone number ( \_\_\_\_\_ ) \_\_\_\_\_

**This form must be accompanied by a copy of a legal document reflecting a name change. Such documents are a marriage license, divorce decree that reinstates the maiden name, adoption documents or court order.**

Signature (Correct name of student) \_\_\_\_\_

Date \_\_\_\_\_

Datatel Entry \_\_\_\_\_

Permanent Record \_\_\_\_\_