



COASTAL CAROLINA
UNIVERSITY

Student Name Change Request

Select all that apply:

Current Student

Former Student

Current Faculty/Staff/Student Employee

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 _____