USF UNIVERSITY OF SOUTH FLORIDA

OFFICE OF THE REGISTRAR – SVC 1034
4202 East Fowler Avenue Tampa, FL 33620-6950
(813) 974-2000 FAX (813) 974-5271

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.

USF 2070 Rev. 04/04 RBoyd

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Initials & date processed