STUDENT LEGAL NAME CHANGE/CORRECTION REQUEST

The College of Charleston requires a student’s full legal name to be included in their student records. The legal name is considered the official name of record and will remain unchanged unless legal documentation is provided to justify altering the original name on the student's official record.

We will accept the following legal documents:

- Social Security Card with updated name -- copies must be notarized by a commissioned notary using the attached affidavit,
- Valid Passport with updated name -- copies must be notarized by a commissioned notary using the attached affidavit,
- Certified true copy of the Court Order with raised or inked seal.

**In-Person Option:** Complete and sign this form. Present this form, one of the legal documents above (original or photocopy and the attached affidavit that has been signed and completed by a commissioned notary), and one form of government-issued photo-identification **in person** to the Office of the Registrar | 160 Calhoun Street | Lightsey Center Suite 281 | Charleston | SC | 29401. RO office hours are M-F 8:30 am – 5:00 pm.

**Postal Mailing Option:** Complete and sign this form. Submit this form by mail, along with a photocopy of one of the legal documents above and the attached affidavit that has been signed and completed by a commissioned notary, to the College of Charleston | Office of the Registrar | 66 George Street | Charleston | SC | 29424.

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Previous Legal Name on record with the Office of the Registrar *(please print clearly)*

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<th>Last</th>
<th>First</th>
<th>Middle</th>
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Current Legal Name to be filed with the Office of the Registrar *(please print clearly)*

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<th>Last</th>
<th>First</th>
<th>Middle</th>
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CofC ID (CWID)  

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Social Security Number (Last 4 Digits)

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Student Contact Information

CofC Email Address  

Phone Number

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I certify that all the information provided by me on this form is correct and complete.

Signature  

Date  

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**RO Office Use Only**  

Processed by: _________ (RO Staff Initials)  

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<th>SS Card</th>
<th>Court Order</th>
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Date: _________ / _________ / _________  

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<th>Passport</th>
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Expiration: _________ / _________ / _________  

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Date: _________ / _________ / _________  

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<th>Passport</th>
<th>Court Order</th>
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AFFIDAVIT

State of ____________
County of ____________

On this _____ day of ___________________, 20____, I, _____________________ (Document Holder), holder of _______________________________ (Name of Documents), consisting of _____ pages, do hereby swear/affirm, and attest that it is a true, exact, complete and unaltered photocopy of the original. To the best of my knowledge and belief, the photocopied document is not a public record, of which certified copies are available from an official source.

_________________________________
Signature of Affiant

Sworn to (or affirmed) and subscribed before me this the _____ day of _______________, 20____.

________________________________
Official Signature of Notary

(Official Seal)

____________________, Notary Public

Notary’s printed or typed name

____________ County,
_____________ (State)

My commission expires: ____________

*The county listed at the top of the affidavit is the county where the notarization is taking place. The county near the notary’s signature is the notary’s county of residence.