

## UNIVERSITY OF SOUTH ALABAMA CHANGE OF NAME FORM

OFFICIAL DOCUMENTATION MUST BE SUBMITTED WITH THIS FORM. See bottom of form for required documentation. The University reserves the right to request more than one form of documentation for verification purposes. Please note that the name change will affect your academic, accounts receivable, alumni, human resources, payroll, and purchasing records with the University of South Alabama.

Jag Number:	Birth Date (MMDDYYYY):
Name PRIOR to Change	Current Name
First Name:	First Name:
Middle Name:	Middle Name:
Last Name:	Last Name:
Suffix:	Suffix:
IF YOU HAVE APPLIED FOR GRADUATION, YOU MUST ALSO	CHANGE YOUR NAME ON YOUR GRADUATION APPLICATION.
Check the first applicable category.	
☐ Current or Former USA Employee (including Stude Documentation needed: Social Security Card Return form and documentation, in person, to It or USA Children's and Women's Hospital). Re If marital status has changed, please contact Hu	Human Resources ( <i>Main Campus, USA Medical Center,</i> efer to USA Website for addresses.
☐ USA Vendor, Consultant, Non-Employee Travel Re Documentation needed: A copy of Social Secu and documentation to Purchasing Office, USA Floor 650 Clinic Drive Mobile, AL 36688-000	urity Card or Application Receipt Return form Technology & Research Park, Bldg III, First
☐ Current or Former USA Student  Documentation needed: A copy of Social Secupassport, visa, or birth certificate.  Return form and documentation to Registrar's Meisler Hall, University of South Alabama, Meisler Hall, University of South Al	Office, 390 Student Center Circle, Suite 1100,
SIGNATURE:	DATE:
TELEPHONE NUMBER:	
EMAIL ADDRESS:	
OFFICE USE ONLY	
Clerk Code Date	Revised 11-12-19