

Official Name Change Form

NOTE: Form must be typed. Handwritten copies will not be accepted. This form contains interactive fields allowing for online completion.

Student ID#:	Phone Number:		
Email Address:			
Former Name:			
Last	First	M	iddle/Maiden
Please print the name you wish	to appear as your offici	al name	on record:
Last	First	М	iddle/Maiden
Two (2) forms of documentation	n from the following list are	required	for processing:
Marriage License	Adoption Do	Adoption Documentation	
Court Order	Annulment D	Annulment Documents	
Divorce Decree	Driver's Licen	ise	
Birth Certificate	Passport		
Social Security Ca	ord Military ID		
If you have applied for graduation and	d would like to change your dip	oloma or ce	rtificate to reflect
this name change, please c	heck the appropriate box:	Yes	No
Are you currently enrolled?	If no, last semester a	t USM:	
Student Signature		Dat	re

Complete and return to The University of Southern Mississippi Registrar's Office 118 College Drive Box 5006 Hattiesburg, MS 39406 Phone: (601) 266-5006 Fax: (601) 266-5816 Email: registrar@usm.edu