

SHERMAN COLLEGE OF CHIROPRACTIC

REQUEST FOR NAME CHANGE ON OFFICIAL COLLEGE RECORD

Use this form to request Sherman College of Chiropractic to change your name on official records. Complete the form, attach required documents, and submit according to the instructions below. You may submit all documents in person or by mail. Submit your completed form and supporting materials to one office only – the office corresponding to your relationship below. Changes may take between 1-5 business days.

If you are	Required documents	Submit form and documents to
Student Submit form and supporting documents to the Registrar's Office	Completed form, SSN card and/or official court documents (i.e., marriage certificate, divorce decree, etc.)	Office of the Registrar PO Box 1452 • 2020 Springfield Road Spartanburg, SC 29304 Fax (864) 599-4851
Alumni Former students who have graduated	Completed form	Office of Alumni PO Box 1452 • 2020 Springfield Road Spartanburg, SC 29304 Fax (864) 599-4860

Your name as currently listed		Your name as it should appear & as supported by your documents	
First name		First name	
Middle name		Middle name	
Maiden name		Maiden name	
Last name		Last name	
Suffix		Suffix	
Last 4 of SSN:		Daytime phone #	
Email address:		Alternate phone #	

Check all relationship categories that apply:

- ☐ Current student ☐ in Health Center (PIMA)
☐ Former student/not graduated
☐ Alumni

Last date attended: _____
Graduation date: _____

Reason for Name Change: _____

Do you want to change your college network user name?

☐ yes ☐ no

All currently enrolled students:

You must notify your instructors of your name change.

Financial Aid applicants/recipients

I understand that my name on my official college record and my legal name must match in order for me to receive financial aid.

I assume responsibility for the consequences or problems that may occur as a result of this change of my name. It is not my intent to defraud Sherman College of Chiropractic.

Signature: _____

Date: _____

Office Use Only:

Processed by:

Date:

Notified:	<input type="checkbox"/> Alumni	<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Course Instructors
	<input type="checkbox"/> Blackboard	<input type="checkbox"/> Health Center	<input type="checkbox"/> Student Affairs
	<input type="checkbox"/> Business Off.	<input type="checkbox"/> I. T.	

