

Name Change Request Form

Student Information (Please Print)

Liberty Student ID: _____ Date of Birth (mm/dd/yy): ____/____/____

Previous Name: _____
(First) (Middle) (Last)

New Legal Name: _____
(First) (Middle) (Last)

Email: _____ Phone Number: (____) _____ - _____

Are you currently enrolled?* Yes No: Last Date Attended: _____

Special Instructions and Information

This request form must be accompanied by an **updated Social Security Card AND** one of the below legal documents verifying your new name.

Additional Legal Documentation Attached:

- Marriage Certificate
- Divorce Decree
- Legal Name Change Certificate
- Newly Issued Passport
- Newly Issued Driver's License

Update Address:

Address: _____

- Permanent
- Mailing

*Note: Name change requests cannot be processed after graduation. Graduating students should submit name change documentation by the end of the first week of April, to ensure all pertinent records are updated to reflect the name change on the diploma, final transcript, and other official records.

Authorization (Please Print & Sign)

Student's Signature: _____ Date: _____

Contact Information & Instructions

Submit Request(s) to:

College of Osteopathic Medicine
Registrar's Office
306 Liberty View Lane, Lynchburg, VA 24502
Tel. (434) 592-5200 · Fax (434) 582-3902 · lucomregistrar@liberty.edu

*Allow 3-5 business days for processing.

Registrar's Use Only

Processed By: _____ Date: _____