

TANEJA COLLEGE OF PHARMACY NAME CHANGE REQUEST FORM

Student ID Number		
New Name - Last	First	Middle
New Name - Last	First	Middle
Former Name - Last	First	Middle
Please select reason for change a	nd attach the appropriate doct	umentation listed below.
Marriage – Attach a copy	of marriage certificate	
Divorce – Attach a copy	of divorce decree	
Legal Name Change – At	tach a copy of court order	
Please select all that apply:		
Current student	Graduating this y	ear
Former student		
Signature		Date
RETURN COMPLETED FORM (813) 905-9890	I TO: Records and Registrati	on Office in MDC 1117 or fax

STUDENT AFFAIRS & ASSESSMENT • TANEJA COLLEGE OF PHARMACY University of South Florida • 12901 Bruce B. Downs Blvd • MDC30 • Tampa, FL 33612-4749 Phone: 813.974.3244 • FAX 813.905.9890