

COLLEGE of CHARLESTON

OFFICE OF THE REGISTRAR

STUDENT NAME/ID NUMBER UPDATE FORM

(Please PRINT your names clearly – ID Number required)

Student Name Correction:

Preferred Salutation: Mr. Mrs. Miss Ms.

Incorrect Name: _____
Last First Middle

Correct Name: _____
Last First Middle

CofC ID/ SSN: _____ - _____ - _____ (required)

Student Identification Number Correction:

Student Name: _____
Last First Middle

Incorrect ID Number: _____ - _____ - _____ Correct ID Number: _____ - _____ - _____

Student's Signature

_____/_____/_____
Date

Note:

Appropriate documentation must accompany your request to change your name or SID. Please submit a copy of your updated social security card.

RO USE ONLY:

Processed by: _____
(Initials)

Date: _____