

**FLORIDA COASTAL SCHOOL OF LAW**

***CHANGE OF NAME***

Name: \_\_\_\_\_  
Last First MI

**Name Change Information**

\_\_\_\_\_  
Last First MI

*(Social Security Card with new name and legal documents must be presented at time of name change request)*

**Before the Registrar's Office can complete this change, you must first visit the  
Financial Aid Office for approval.**

**Financial Aid Office**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registrar Office**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_