



University of the Southern Caribbean

PO Box 175, Port of Spain. TRINIDAD
Contact: 1.868.662.2241 ext. 2208/2225

CHANGE OF NAME FORM

*(Please use **CAPITAL** letters when completing form)*

USC/CUC ID# _____ Faculty/School _____ Program _____

NAME _____
(Prior to change) Surname First

NEW NAME _____
(To be recorded and used) Surname First

Marital Status (Please Tick) Single Married Divorced Date of Birth _____

If your change in name is due to a change in Marital Status, please enclose a copy of your Marriage/Divorce Certificate.
If change is for any other reason, please enclose copy of Affidavit/Deed Poll Document.

Signature

Date

RO7 September 2019