



**Instructor Name Change Request Form**

- Please email the completed form to [kwilson@doi.sc.gov](mailto:kwilson@doi.sc.gov).
- Only original signatures will be accepted.
- Individuals must provide supporting legal documentation for verification of the name change (e.g. marriage certificate, driver's license, etc.).

Instructor Approval Number: \_\_\_\_\_

Previous Name: \_\_\_\_\_

**New Name:**

First:

\_\_\_\_\_

Middle Initial:

\_\_\_\_\_

Last:

\_\_\_\_\_

Signature \_\_\_\_\_