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## **Authorized Representative Name Change Request Form**

- This form may be attached to an email and sent 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: \_\_\_\_\_