



By my signature below, I acknowledge that the above listed documentation is incorrect and legal. I understand by submitting this information my name will be officially changed in the VCOM Registrar's office.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN COMPLETED FORM AND REQUIRED DOCUMENTS TO:

Auburn Campus

Office of the Registrar  
Edward Via College of Osteopathic Medicine – Auburn Campus  
910 South Donahue Drive, Auburn, AL 36832  
[Registrarac@auburn.vcom.edu](mailto:Registrarac@auburn.vcom.edu)

Carolinas Campus

Office of the Registrar  
Edward Via College of Osteopathic Medicine Carolinas Campus  
350 Howard Street, Spartanburg, SC 29303  
[Registrarcc@carolinas.vcom.edu](mailto:Registrarcc@carolinas.vcom.edu)

Louisiana Campus

Office of the Registrar  
Edward Via College of Osteopathic Medicine – Louisiana Campus  
4408 Bon Aire Drive, Monroe, LA 71203  
[Registrarlc@ulm.vcom.edu](mailto:Registrarlc@ulm.vcom.edu)

Virginia Campus

Office of the Registrar  
Edward Via College of Osteopathic Medicine Virginia Campus  
2265 Kraft Drive, Blacksburg, VA 24060  
[Registrarvc@vt.vcom.edu](mailto:Registrarvc@vt.vcom.edu)