

Change of Name



LOS ANGELES

Office of the Registrar
400 Corporate Pointe
Culver City CA 90230-7615
310-578-1080 x216
Fax 310-301-8403

Social Security No _____ Date of Birth _____

Program (circle one) BA MAP-Clinical MAP-IC MAOM MFA MAE/TC USMA

Have you filed an application for graduation with the Office of the Registrar? Yes No

Print name as **currently registered**

| | | |
|-------|--------|---------|
| Last: | First: | Middle: |
|-------|--------|---------|

Print **new name**

| | | |
|-------|--------|---------|
| Last: | First: | Middle: |
|-------|--------|---------|

Signature _____ Today's Date _____

This form is for current students only: This form must be submitted to the Office of the Registrar **in person*** along with two (2) proofs which demonstrate to us that you use your new name in a legal capacity. Use **only** your legal name for your official school records. You may, of course, have the instructor address you in any manner, and you should be aware that you have a choice as to how you want your name printed on your diploma. See suggested proofs below.

*Current (non-resident) MFA students only: please enclose photocopy of at least two proofs and mail to Office of the Registrar, 400 Corporate Pointe, Culver City CA 90230-7615.

Office Use Only

Staff person: check below the types of proof (no credit cards) shown by student, and verify that they exactly match the new name above.

- Passport
- Social Security Card
- Marriage License
- Driver's License State: _____
- Automobile Registration State: _____
- Bank Account Statement
- Other: _____
- Other: _____

Print Staff Name: _____ Staff Signature _____ Date _____

Departments to be notified by Data Coordination of documents to be updated:

Datatel, RegSys, Student File, Mail File, Application for Graduation, Financial Aid, Lender, Clinical Training, MAP Program, Development

Data Coordinator: _____ D.C. Signature _____ Date _____