

Change of Name: Current Students



SANTA BARBARA
602 Anacapa Street
Santa Barbara, CA 93101
805-962-8179 • Fax: 805-962-4786

ID#: _____ Date of Birth: _____

Program: BA Education MACP PsyD MBA

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

Student Signature: _____ 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 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 instructors 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.

Office Use Only

Check below the types of proof shown by student, and verify that they exactly match the new name above.

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

Print Staff Name: _____ Staff Signature: _____ Date: _____