



**SAN JOSÉ STATE
UNIVERSITY**

◆ Office of the Registrar ◆ One Washington Square ◆ San José, CA 95192-0009 ◆

Change of Name

Instructions:

1. Please print clearly.
2. This form must be accompanied by the following two items:
 - A photocopy of legal documentation pertaining to your name change (e.g. court documents or marriage certificate).
 - A photocopy of an original identification card with a recent photo to verify your new name (e.g. a driver's license, passport, immigration card).
3. Submit this form to the "R" counter at the Student Services Center.

SJSU ID #: _____ Social Security Number: _____ Date of Birth: _____

New Name: _____
Last First Middle

Old Name: _____
Last First Middle

Address: _____
Street # City State Zip Code

Phone: (____) _____ E-mail: _____

- Check one: New student
 Continuing student
 Not currently attending, please specify your last term of attendance:
 Semester/Year _____

- What program are you currently in? Please check one:
 Undergraduate (Bachelor or Post Baccalaureate)
 Graduate (Master or Credential)

Applied for graduation? Yes No If yes, _____
Semester/Year

Are you requesting a Duplicate Diploma at this time? Yes No

Student's Signature

Date

For Office Use Only:

Documents received by: _____ Date: _____ System updated by: _____ Date: _____

Folder changed by: _____ Date: _____ PRC changed by: _____ Date: _____

Name change submitted for data entry error: Yes No By: _____ Date: _____ Name Change 1-22-09