



# 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: \_\_\_\_\_

Major: \_\_\_\_\_ College: \_\_\_\_\_

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 09-17-10