



## **Name Change Request**

UC San Diego Extended Studies maintains your records under your legal name.

Acceptable documentation is required to make a change to the name we have on file.

			For Office Use O	Only
STUDENT I.D. NUMBER (IF KNOWN)	Completed Q D Voc D No			
NAME AS IT CURRENTLY APPEARS ON UC SAN	Completed?	Yes No		
			Processed by	
LAST NAME (AS IT CURRENTLY APEARS)	FIRST NAME	MIDDLE NAME	_	
NAME AS IT SHOULD NOW APPEAR ON UC SAM	Date			
			_ Submit this form a	nd the required documentation to:
LAST NAME	FIRST NAME	MIDDLE NAME	<b>a</b>	
If you wish to change your name, yo	IVIAII LO	ent Services ersity of California San Diego		
Copy of a marriage license, divo government issued photo ID listi	ATTA	Extended Studies ATTN: Name Change 9500		
AND			Gilman Drive, Dept. 0176-H La Jolla, CA 92093-0176	•
Social Security card or governm	ent issued photo ID with updated nar	ne	La oc	ma, 0/102000 0110
I certify that the information I provide	Fax ► (858	8) 534-8527		
Extension records be changed to re	•			
STUDENT SIGNATURE			DATE	