

**University of San Diego**  
**Office of the Registrar**  
**Change of Name**  
(Currently Enrolled Students Only)

*\*You must mail or fax your request, email will NOT be accepted*

Student I.D. # and/or Social Security#: \_\_\_\_\_

Name as currently listed in school records (Please Print):

\_\_\_\_\_

Last First Middle

New Name (Please Print):

\_\_\_\_\_

Last First Middle

Signature (New Name): \_\_\_\_\_  
(Signature is required.)

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**Please Note: Name changes can only be recorded when there is legal evidence of a U.S. legal basis for change. (Marriage Certificate; Driver's License; Employment Records; Court Records, etc.)**

**EVIDENCE OF NAME CHANGE MUST BE PRESENTED WITH THIS FORM**

**Mailing Address:**  
**University of San Diego**  
**Attn: Student Accounts**  
**5998 Alcalá Park**  
**San Diego CA 92110**

**Fax#: 619-260-4649**