



CHANGE OF NAME REQUEST

5998 Alcalá Park, WH 202, San Diego, CA 92110-2492
Phone: (619) 260-4526 | Fax: (619) 260-5961 | Email: lawreg@sandiego.edu

PRINT Name Clearly:

Student ID Number: _____ or Last 4 of SSN: _____

Date of Birth: _____

Previous Name: _____
Last First Middle

New Name: _____
Last First Middle

By signing this form I grant permission to the University of San Diego Office of the Law School Registrar to change my legal name, as indicated above.

Signature: _____
Physical signature is required Date

Formal name changes require official documents. A driver's license is not sufficient.

OFFICE USE ONLY:

Original documentation seen by: _____ on _____.
Attach a copy of original documentation.

_____ Record updated

_____ Master name change list updated

_____ Notify Legal Writing and Research Dept.
ONLY if name change is requested by 1st year student

_____ Date of graduation/ Anticipated date of graduation