

Date Processed: \_\_\_\_\_ Staff Initials: \_\_\_\_

## California State University SAN MARCOS

Office of the Registrar California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001

Tel: 760.750.4814 Fax: 760.750.3700 www.csusm.edu/enroll/ registrar@csusm.edu

## NAME CHANGE

**NOTE:** If you have ever been previously employed by the University (student assistant, staff, faculty, administrator, etc.), you must contact the Human Resources & Equal Opportunity Office.

## **Instructions:**

A current copy of legal documentation is required, such as a marriage license, driver's license, or passport, which you would like to appear on your official academic record.

This request authorizes the University to update your name on your academic record, your diploma, and name in the commencement program (Note: Name changes must be received by the last day of the add/drop for the Spring term in order to have your new name reflected in the Commencement Program).

Completed forms are accepted by the Office of the Registrar in person at Cougar Central located in Craven Hall 3900, by mail, by fax, or as a scanned email attachment to <a href="mailto:registrar@csusm.edu">registrar@csusm.edu</a>

Student ID: \_\_\_\_\_\_@cougars.csusm.edu

Address:		Contact Phone N	Contact Phone Number:	
City:	State: Zip:			
New Name:	Last	First	Middle	
Former Name:	Last	First	Middle	
be used for fraudo	ulent purposes an		rect and this name change will not hange. Furthermore, I understand nanent record.	
Signature:			Date:	
For Office Use Only:			Revised November 9, 2017	