

## CHANGE OF NAME REQUEST FORM



Records Office  
One Angwin Avenue  
Angwin, CA 94508  
(707) 965-6673  
(707) 965-6432 Fax

### Student Information

Date of Request: \_\_\_\_\_ PUC ID: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Former Name: \_\_\_\_\_  
Last First Middle

Current Name: \_\_\_\_\_  
Last First Middle

Please attach a photocopy of an official document reflecting the current name.

Accepted forms of documentation include the following:

- Adoption document
- Birth certificate
- Court order
- Divorce decree
- Driver's license
- Marriage license
- Passport