



CALIFORNIA COLLEGE SAN DIEGO



ADDRESS AND NAME CHANGE NOTIFICATION

Office of the Registrar

First Name _____ Middle _____ Last _____

Student ID or SSN#** _____ Date of Birth** _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone () _____ Cell Phone () _____

Email Address _____

Date Effective _____

Student Signature _____ Date _____

****This information is used to verify that you, the student, are requesting the change.**

NAME CHANGE

Former Name _____

New Name _____

Date of Birth ___/___/___ Student ID or SSN# _____ Phone() _____

Student Signature _____ Date _____

Legal Documentation must be provided for name change. Picture ID required.

You must include two of the following:

- Marriage License
- Drivers License
- Social Security Card

Registrar's Office Use Only

Change made to file _____
Initial Date

Change Made to Computer System _____
Initial Date

Address or name change accepted by _____ Date _____