

STUDENT NAME CHANGE REQUEST

Office of Records, Registration and Evaluations ♦ University Hall 171 ♦ 909-537-5200

(Please Print Clearly)

Student Identification Number (SID): _____ **Date of Birth:** ____/____/____

Current name on CSUSB records: Last: _____ First: _____ Middle: _____

Please change my student records to reflect my name as: (Supporting documentation is required)

Last: _____ **First:** _____ **Middle:** _____

- Are you an international student? YES _____ NO _____ (A Passport, as name identification, is required for this change.)
- Do you have a graduation check on file? YES _____ NO _____ TERM & YEAR _____
If yes, do you want your new name on your diploma? YES _____ NO _____ N/A _____
- Are you currently or have ever been employed at CSUSB (faculty, staff, student assistant or intern)? YES _____ NO _____
 1. If yes, an additional process is required with the appropriate HR entities. Please initial here that you have been provided with the State requirements for officially changing your name. _____ (Please request a copy from the service assistant.)
 2. As stated in the CSUSB Email policy, the campus email address must contain the student's primary name listed on the university's records. Please be advised that your CSUSB Email address will be changed to reflect this policy. You may check for your new email address within the next 3 weeks on your MyCoyote Student Center page.

Student Signature: _____ **Date:** _____

NOTE: Please allow a minimum of 2 weeks for processing. Only your student records can be changed through this request.

For Office Use Only

Recorded by: _____ Date: _____ Old E-Mail Address: _____

Distribution: White: Records Yellow: Financial Aid Pink: Evaluations

NChg/0508bl