



## CHANGE OF NAME

**\* You must mail or fax your request; email will NOT be accepted.**

For identification purposes, please provide:

**Date of Birth:** \_\_\_\_\_ **AND**

**Last 4 Digits of Social Security Number:** \_\_\_\_\_

Name as currently listed in school records (**please print**):

\_\_\_\_\_

Last

First

Middle

New Name (**please print**):

\_\_\_\_\_

Last

First

Middle

Signature (New Name): \_\_\_\_\_ Date: \_\_\_\_\_

**(Signature is required)**

### **EVIDENCE OF NAME CHANGE MUST BE PRESENTED WITH THIS FORM**

Name changes can only be recorded when there is legal evidence of a U.S. legal basis for change. Acceptable evidence: Marriage Certificate, Driver's License, Passport, Court Records

**Mailing Address:**

Franciscan School of Theology  
Attn: Student Services  
5998 Alcalá Park  
San Diego, CA 92110

**Fax: #: 619-849-8431**