Santa Clara University

Office of the Registrar
Walsh Administration Bldg, 1st Floor
500 El Camino Real
Santa Clara, CA 95053-0602
408) 554-4331 Fax: 408)554-6926

Request for Change of:

☐ **Name**

☐ **Social Security Number**

☐ Undergraduate ☐ Graduate ☐ Law Student I.D. # _____

_____

(Please Print) **Last** **First** **Middle**

☐ Name Change

All petitions for a change of name (except the addition of the MARRIED name) must be notarized. If you have already petitioned for graduation, please contact your Record Analyst in the Office of the Registrar.

To: _____
(Please Print) **Last** **First** **Middle**

Reason: _____

Major and College: _____

Are you currently enrolled? _____ Last date of attendance _____

Signature & Date_____

TO BE SIGNED BEFORE NOTARY PUBLIC

I do hereby subscribe or swear to the fact that I am the person heretofore known as _____

Signature and Date _____

Subscribed and sworn to me before this _____ day of _____ year _____

Notary's Signature _____

Notary Public in and for the County of _____State of California. My Commission expires: _____

☐ Social Security Number Change

To change or correct your social security number, the correct number must be verified by presenting your social security card when you submit this form to the Office of the Registrar.

_____ _____

Old or Incorrect Number ***New Social Security Number***

Signature & Date_____

Your social security number is no longer used as your primary student identification number. However, it is maintained as an additional form of identification in your academic record.

Office Use:

DP: Date:

OOTR01/08