



UNIVERSITY OF LA VERNE

Request for Correction/Change of Name Form (Students only)

Follow the instructions listed below:

- Fill out the Request for Correction/Change of Name Form and bring it to the Office of the Registrar or the nearest Regional Campus. Alternatively, you may mail the form in. **If you elect to mail the form, please refer to the additional instructions listed at the bottom of this form.**
- Bring a valid photo identification and one of the following **additional** documents:
 - a. A Court Order
 - b. Certificate of Naturalization
 - c. VISA
 - d. Certificate of Marriage
 - e. Social Security card or Taxpayer Identification Number (TIN) card.
- Please note that all documents **must be original**. Your additional document must contain your full legal name as it appears on your SSN/TIN card or tax return.

PLEASE PRINT

NAME CORRECTION (Misspelled or incomplete name)

NAMECHANGE

University of La Verne Student ID Number _____

Birth Date _____

Month

Day

Year

Name Currently on File is:

Last Name _____

First Name _____

Middle _____

Maiden _____

Correct/Change Name to:

Last Name _____

First Name _____

Middle _____

Maiden _____

Student Signature _____

Date _____

Please update my laverne.edu email address with my updated name.

Students who elect to mail the form are required to have this form notarized. Mail the notarized form and a **copy** of each supporting document (valid government issued photo ID and **one (1)** of the documents listed as a - e above) to:

Office of the Registrar
1950 Third St
La Verne, CA 91750

Original valid government issued photo ID and original supporting document must be present at the time of notarization.

Subscribed and sworn before me, notary public,

On this _____ day of _____ 20_____

Notary Public signature _____

Student Signature _____

