



**SAN FRANCISCO
STATE UNIVERSITY**

OFFICE OF THE REGISTRAR

1600 Holloway Avenue
San Francisco, CA 94132

Tel: 415/338-2350
Fax: 415/338-0588

NAME CHANGE REQUEST

DATE: _____

SFSU ID#: _____

E-MAIL ADDRESS: _____

OLD NAME:

FIRST: _____

MIDDLE: _____

LAST: _____

OLD SIGNATURE: _____

NEW NAME:

FIRST: _____

MIDDLE: _____

LAST: _____

NEW SIGNATURE: _____

CURRENTLY ENROLLED?

HAVE YOU APPLIED FOR GRADUATION THIS SEMESTER?

SPECIAL NOTE: Please provide verification of the new name such as (California ID, passport or marriage license). This form will not change your name on the current semester class lists. Please inform your instructors of name change.