



College of Extended Learning

Enrollment Services

Tel: 415/405-7700
Fax: 415/817-4299

NAME CHANGE REQUEST

DATE: _____

SFSU ID: _____

E-MAIL ADDRESS: _____

OLD NAME:

FIRST: _____

MIDDLE: _____

LAST: _____

OLD SIGNATURE: _____

NEW NAME:

FIRST: _____

MIDDLE: _____

LAST: _____

NEW SIGNATURE: _____

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.