

## Division of School Financial Services Certification Section 9300 Imperial Highway, Room 132 Downey, CA 90242-2890

## **Change of Name Request**

To change your name in the Los Angeles County Office of Education credentials database of registered credentials, submit this form, completed and signed, to your school district office or directly to the Certification Section at the address listed above.

NEW (LAST NAME, FIRST NAME, MIDDLE NAME/IN	NITIAL)	SOCIAL SECURITY NUMBER
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NAME AS IT <b>CURRENTLY APPEARS</b> IN LACOR	DECODES // AST NAME FIRST MIDDLES	DATE OF BIRTH (MM/DD/YYYY)
NAME AS IT CORRENTET AFFEARS IN LACUE	E RECORDS (LAST NAME, FIRST, MIDDLE)	DATE OF BIRTH (MINUSSETTIT)
REASON FOR REQUESTED CHANGE - MARRIAGE,	, DIVORCE, ETC.	
COMPLETE MAILING ADDRESS (NUMBER, STREE	T, CITY, STATE, ZIP CODE)	
WORK TELEPHONE NUMBER	HOME TELEPHONE NUMB	BER
( )	( )	
DISTRICT CODE NUMBER NAME OF EI	MPLOYING SCHOOL DISTRICT	
	laration of Name Change Aff Read, sign, and date the following.  ecords in the Los Angeles County	
I hereby request that all re system bearing my former nai	9	Office of Education credentia ne.
I hereby request that all re system bearing my former nan I certify that the following inf	Read, sign, and date the following.  ecords in the Los Angeles County me be changed to show my new nam	Office of Education credentia ne.
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I hereby request that all re system bearing my former nand I certify that the following info	Read, sign, and date the following. ecords in the Los Angeles County me be changed to show my new name formation is true and correct under p	Office of Education credentia ne.
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