

# NAME CHANGE FORM

Please Print Complete All Items Above Solid Line

CSU, Chico ID #: \_\_\_\_\_

Name shown on your  
CSU, Chico record: \_\_\_\_\_  
Last First Middle

Enrolled this semester? Yes \_\_\_\_\_ No \_\_\_\_\_

Your academic record should reflect your legal name.

Are you a current employee with the University (AS & Foundation not included)? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
**\*If yes, you will need to fill out a change of name form in Human Resources also.**

OFFICE USE  
ONLY

- Record
- PS
- IN
- Comments

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**ONLY** write in changes below - **DO NOT** fill in items that remain the same

Name changed to: \_\_\_\_\_  
LAST FIRST MIDDLE

\_\_\_\_\_  
Student must sign here to authorize changes  
Phone 530-898-5142 Fax 530-898-4359

\_\_\_\_\_  
Date

Student Records and Registration  
CSU, Chico 01/09