

Student Services & Office of the Registrar

**University of California, Irvine
Division of Continuing Education**

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Student ID Number

Current name on UCI Division of Continuing Education records (last, first, middle)

I certify that the information provided on this form is true and request my name to be changed on my Continuing Education record to:

Last _____ First _____ Middle _____

Phone Number _____ Email Address _____

Student Signature _____ Date _____

UCI Division of Continuing Education maintains your records under your full legal name. Legal documentation is required to establish a link between you and the record being changed. **If you wish to change your name you must provide this office with the following:**

Documentation showing your name as it currently appears on your UCI Division of Continuing Education records (picture ID preferred; birth certificate or social security card is acceptable)

AND

One of the following legal documents providing evidence of your name change:

MARRIAGE – copy of marriage certificate, OR license and certificate of marriage, OR license and certificate of confidential marriage, OR certified abstract of marriage.

DISSOLUTION OF MARRIAGE – copy of dissolution of marriage judgment with maiden name restored

COURT ORDER – copy of court order

NATURALIZATION – **copy** of naturalization certificate with the Application for Change of Name

USAGE – Both are required
- valid California driver license or California Identification card with new name
- Social Security card with new name

Submit this form along with documentation by mail or fax:

**Mail: UCI Division of Continuing Education Records Office
PO Box 6050, Irvine, CA 92616-6050**

Fax: (949) 824-2090

FOR UCI DCE REGISTRAR'S OFFICE USE ONLY

Date Received

Current name and documentation verified by _____ New name and documentation verified by _____

Name Change Name Correction/Revision Effective Date _____