



NAME CHANGE REQUEST

This form should be used by the employee to change his or her legal name. Complete the information requested below and attach a copy of documentation supporting the legal name change. Acceptable documentation includes: birth certificate, divorce decree, social security card, driver's license.

Forward the completed form and supporting documentation to **SERVICES UNIT, DISTRICT OFFICE HUMAN RESOURCES, 770 WILSHIRE BLVD., LOS ANGELES, CA 90017.**

1. My name now appears on District records as:

_____ _____ _____ _____
 First Middle Last Employee Number

2. Please change my name on District records to:

_____ _____ _____
 First Middle Last

3. _____ (for notification of change completion)
 Email Address

Do not use your changed name for District purposes until you receive notification that District records have been updated.

Date: _____ Signature: _____

<u>FOR OFFICE USE ONLY - SAP RECORD UPDATE</u>	
_____	_____
Date	By