

University of California, San Francisco Office of the Registrar Transcript & Diploma Unit Campus Box 0244 500 Parnassus Avenue MU-200W San Francisco CA 94143

PETITION FOR NAME CHANGE AFTER GRADUATION

CURRENT NAME IN UNIVERSITY RECORDS

Please Print or Type					
Name					
Last	First		Middle	Suffix (e.g., Jr.)	
Date of Graduation		UCID or SAA User ID (if known)Date of Birth			
School & Major	ol & MajorDegree (e.g., Ph.D., M.D., Certificate)				
REQUESTED NAME IN UNI	VERSITY RECORDS				
Please Print or Type					
Name					
Last	First		Middle	Suffix (e.g., Jr.)	
DIPLOMA OR CERTIFICATI	E REISSUE (optional)				
Complete this section to order a c or certificate is optional. Processii		new name. The reissu	ie fee is \$50 per di	ploma or certificate. A reissued diploma	
Please explain why you need a dip	oloma or certificate in your no	ew name:			
☐ I have attached or enclosed m	y previous diploma or certific	cate.			
☐ My previous diploma or certific	ate was lost or destroyed. T	he circumstances of t	he loss or destruct	ion are:	
When my diploma or certificate ar	rives:				
☐ Please notify me and hold	it for pickup	☐ Please mail it to m	e (\$20 mailing fee	per diploma or certificate)	
Address		E-mail		Phone	
DOCUMENTATION OF NAI	ME CHANGE				
Please provide either:					
		pecify your new legal	•	e a driver license, passport, or social	
FEES & PAYMENT					
Name change fee is \$15. Optiona	I diploma/certificate reissue f	fee is \$50 per diploma	. Optional mailing	fee is \$20 per diploma or certificate.	
☐ Check or money order pay				·	
□ Visa / MasterCard / Discov	· ·	ard No.			
Expiration Date					
CERTIFICATION					
I declare under penalty of perjury along with this petition are origina	5 5		and that all docume	ents that I have attached or provided	
Signature			Date		
Signature m	nust match requested name chan	ge			
	in person at the Office of the require you to notarize it. P	- '		ion and sign in the presence of our staff	
For office use only					
Received by	Date	Total Fee		Diploma Return Date	