

**SAMUEL MERRITT COLLEGE**

Office of the Registrar  
450 30<sup>th</sup> Street, Suite 2802  
Oakland, California 94609  
Telephone: 510.869.1550 Fax: 510.869.6204

**CHANGE OF NAME REQUEST**

Date: \_\_\_\_\_

ID #: \_\_\_\_\_

Former Name: \_\_\_\_\_

New Name: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

If you have your graduation candidacy under your former name, do you want your diploma to reflect your name change?    YES    NO

***\*\*Important:***

***Please be advised that no name change can be effected unless legal documentation is submitted at the same time. Acceptable documentation may include a copy of a marriage license or an order issued by the court to change a name.***

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**REGISTRAR'S OFFICE USE ONLY:**

Request reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_