

**This form is used to initiate an official name change for OC Financial Aid and / or OC Records Office.**

You need to provide a copy of your photo ID and signed Social Security Card (for Financial Aid) that shows your correct name before we can process your name change request.

**ctcLink Student ID:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Current (New) Name:** \_\_\_\_\_

**Previous Name (Print):** \_\_\_\_\_

**Other Previous Names:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_  
 \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Alt:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RECORDS OFFICE USE:**

Copy ID:  WA Driver License  WA ID Card  Military ID  SSN Card  Other (Specify) \_\_\_\_\_

Name/Address change  E-mail verified

Notes in Who's Next: Name change per (form of ID used) from (insert old name) to (insert new name); date; initials. Aperture   
 yes  no

**Name correction ONLY**  Note in Who's Next to explain correction

Completed by (full name): \_\_\_\_\_ Date: \_\_\_\_\_

Double-checked by (full name); \_\_\_\_\_ Date: \_\_\_\_\_

Copy of ID shredded

**FINANCIAL AID USE:**  Copy of SSN Card attached.  Cleared SSA edits.

Received	Scanned	Posted: Code 49