

**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.

<b>ctcLink Student ID:</b> _____	<b>Social Security #:</b> _____
<b>Current (New) Name:</b> _____	
<b>Previous Name (Print):</b> _____	
<b>Other Previous Names:</b> _____	
<b>Mailing address:</b> _____ _____	
<b>Phone:</b> _____	<b>Cell:</b> _____ <b>Alt:</b> _____
<b>Email:</b> _____	
<b>Emergency Contact:</b> _____	<b>Phone:</b> _____
<b>Signature:</b> _____	<b>Date:</b> _____

**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