

Name Change Request

Application Information

Current name on CSUSB records: _____
Last *First* *M.I.*

Coyote ID: _____ Date of Birth: _____

MyCoyote Email: _____

Documents needed:

- Please attach a copy of at least two of the following:

- California Driver License
- California Identification
- Marriage License
- Birth Certificate
- Government Issued Identification

You can also fax a copy of supporting documents along with this form to (909) 537- 7034

Please change my student records to reflect my name as:

Last *First* *M.I.*

Please allow two weeks for information to be visible on your *Mycoyote* account. Once the change is completed, you will receive an email confirmation.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Office Use Only

Staff Signature: _____ Date Completed: _____