
CHANGE OF NAME AND/OR MAILING ADDRESS

The completed form may be submitted in person or by mail to Program Admissions (or the Palm Desert Campus, Education Office, to be forwarded to Program Admissions).

Complete the *Personal Information*, *Change of Name* (if applicable), *Change of Mailing Address* (if applicable), and *Declaration and Date* sections. Incomplete forms will be returned to the student for completion and resubmission. Students submitting a Change of Name, please provide your previous name in the Personal Information section.

PERSONAL INFORMATION

Student Identification Number: _____

Student's Name (Last, First & M.I.): _____

Home Phone: (____) _____

Work/Cell Phone: (____) _____

Program Objective (check one): Multiple Subject Single Subject Special Education

CHANGE OF NAME: *Please provide your current name.*

Last Name

First Name

M.I.

CHANGE OF MAILING ADDRESS: *Please provide your current mailing address.*

Number

Street

Apt. No.

City

State

Zip Code

DECLARATION AND DATE

I hereby certify under penalty of perjury that the foregoing is true and correct.

Student's Signature: _____ Date: _____