



CHANGE OF NAME FORM

_____ Social Security Number

New Information:

_____ Last Name

_____ First Name

_____ Middle Name

_____ Street Address

_____ City

_____ State

_____ Zip Code

_____ Employing District Name

_____ Teacher's Signature

_____ Date

Previous Information:

_____ Last Name

_____ First Name

_____ Middle Name

Applicant: Please submit this completed form to your employing school district along with proper documentation for name change.

District: Once you have verified name change, please forward completed form to your credential technician at Orange County Department of Education.

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