



Charles R. Drew University of Medicine and Science • Office of Registration & Records  
1731 East 120<sup>th</sup> Street, Los Angeles, CA 90059 Phone: (323) 563-4838 Fax: (323) 563-4837

## Name Change Request

Please fill out this form and submit to the Office of Registration and Records. You will also need to attach legal documentation with this form in order to process.

<b>Name as you wish it to appear on your records (<i>new name</i>):</b>		
First:	Middle	Last:
<b>Write your former name below (<i>current name in system</i>):</b>		
First:	Middle:	Last:

Please indicate the type of legal documentation your are providing to support your name change request:

Document Type
<input type="checkbox"/> State Issued Driver License/ID Card
<input type="checkbox"/> Marriage Certificate
<input type="checkbox"/> Legal Name Change/Court Document
<input type="checkbox"/> Passport
<input type="checkbox"/> Other: _____

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

Office Use Only
<input type="checkbox"/> Document Verified
<input type="checkbox"/> Copy made for file
<input type="checkbox"/> Update Former Name Field
<input type="checkbox"/> Update Current Name Field
By: _____ Date: _____

*CDU has a zero tolerance for any form of discrimination and/or harassment including, but not limited to, discrimination and/or harassment on the basis of race, color, sex, sexual orientation, gender, gender identity, gender expression age (over 40), physical handicap, disability, national origin, ancestry, marital status, medical condition, military or veteran status, genetics, or religion. CDU does not prohibit the use of any language unless such prohibition is required for business or academic purposes. CDU will not retaliate against any employee, applicant, or student because they have engaged in protected activity.*