

AFFIDAVIT OF NAME CHANGE

TO: University of Redlands
Office of the Registrar
1200 E. Colton Avenue
P.O. Box 3080
Redlands, CA 92373-0999

DECLARATION

I hereby declare that my former name was _____
Former Name (1) – please print legibly

On _____, however, with legal action, I changed my name
Date

to _____. This name is now evident on all of my
New name (2) – please print legibly

identification including driver’s license.

I request that my academic records at the University of Redlands be changed to show my new name, as given in space two (2).

Signature (SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC.)

Student Identification Number

Address City State Zip

Upon completing this name change, you acknowledge that your REDLANDS id will be changed.

In order to process this form, the following information is needed with the signature of a notary public.

STATE OF CALIFORNIA

County of _____ }

On _____, before me, _____,
Date Name and title of Officer

personally appeared _____,
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person (s) whose names (s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the STATE of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature of Notary Public