OXNARD COLLEGE **ADMISSIONS & RECORDS**

Name Change

Current Name _____
Last **First** **Middle**

Date _____ **Social Security Number** _____

REASON FOR CHANGE:

☐ **Name Misspelled. Previous Spelling:** _____

☐ **Prior or Maiden Name – Last Name Only :** _____

☐ **Other:** _____

Documentation must be provided when submitted this form.