

## **ADMISSIONS and RECORDS**

Preferred Name Change Form

Required Information: Provide as it currently appears on your Foothill-De Anza Community College District record

CWID/SID:			
Name:			
Last	First	MI	
Change Request: Provide ONLY  I. Present this form along with a other photo Identification in pe	copy of your currer	it De Anza College Student I	
<ol><li>Scan and e-mail this form alon Student ID card or other photo</li></ol>	g with a copy of yo	_	
	OR		
<ol> <li>FAX this form along with a copy other photo Identification to 408.80</li> </ol>	•	Anza College Student ID ca	ard or
Preferred First Name:			
<b>Disclaimer:</b> Beginning in Winter 2016, name to the college community regardless.		-	
Indicating a preferred name in the MyP locations such as class lists, grade report which will appear on all official docume. This will not be changed unless proof or	orts, and unofficial tran ents sent by the instituti	scripts. It will not change your lega on such as Official Transcripts and	al name,
Contact Information: Please pr	ovide your current co	ontact information and signature	е
Phone			
Email Address			
Student Signature		Date	