



Division of School Financial Services
Certification Services
9300 Imperial Highway, Room 132
Downey, CA 90242-2890

Change of Name Request

To change your name in the Los Angeles County Office of Education credentials database of registered credentials, **submit this form, completed and signed, to your school district office or fax to Certification Services at 562-469-4300**

Print or Type Full Legal Name:

NEW (LAST NAME, FIRST NAME, MIDDLE NAME/INITIAL)		SOCIAL SECURITY NUMBER
NAME AS IT CURRENTLY APPEARS IN LACOE RECORDS (LAST NAME, FIRST, MIDDLE)		DATE OF BIRTH (MM/DD/YYYY)
REASON FOR REQUESTED CHANGE - MARRIAGE, DIVORCE, ETC.		
COMPLETE MAILING ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)		
WORK TELEPHONE NUMBER		HOME TELEPHONE NUMBER
DISTRICT CODE NUMBER	NAME OF EMPLOYING SCHOOL DISTRICT	

Declaration of Name Change Affidavit

Read, sign, and date the following.

*I hereby request that all records in **the Los Angeles County Office of Education credentials system** bearing my former name be changed to show my new name.*

I certify that the following information is true and correct under penalty of perjury.

Note: This form does not initiate a name change with the Commission on Teacher Credentialing (CTC), or with the requestor's employer. Requestor will need to complete Commission on Teacher Credentialing REQUEST TO CHANGE NAME OR PERSONAL PROFILE form #41-NC and submit it to the CTC. Visit CTC.CA.GOV and enter NAME CHANGE in the search field.

Dated: _____
MONTH/DAY/YEAR

Location: _____, _____
NAME OF CITY STATE

Signature, Former Name: _____
FULL NAME

Signature, New Name: _____
FULL NAME

FOR COUNTY OFFICE USE ONLY				
CERTIFICATION DATE (MM/DD/YYYY)	INITIALS	CHANGE OF BENEFICIARY	RETIREMENT DATE (MM/DD/YYYY)	INITIALS
		<input type="checkbox"/> Yes <input type="checkbox"/> No		