



CHANGE OF STUDENT'S NAME

Educational Placement Center * San Francisco Unified School District * 555 Franklin Street, Room 100 * San Francisco, CA 94102 * (415) 241-6085

This form must be submitted in person by the parent/guardian to the Educational Placement Center 555 Franklin Street, Room 100. You must submit a separate form for each child.

Name of student as currently listed:		
_____	_____	_____
Last	First	Middle

Request name change to:		
_____	_____	_____
Last	First	Middle

Student's Birthdate: _____ Sex: _____

School Currently Attending: _____ Current Grade: _____

Parent's Name: _____
Last First Middle

Home Address: _____
Street Apt.# City/State/Zip

Phone Numbers: _____
Home Work Cell

Reason:

Supporting Documentation (Original Document Required):

Parent/Guardian: Print Name _____ Signature _____ Date _____

EPC USE ONLY					
Taken by: (EPC Staff)	Date	Approved by: (EPC Manager)	Date	HO #	DES Entered/Date