



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: _____ Gender: _____

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):

I (print name) _____, swear under penalty of perjury that the information I have provided in this application is true. I understand that I am required to notify the District of any subsequent change of address within 14 calendar days of the move. I understand that applications which are found to have a fraudulent address or other false information will be immediately cancelled and any resulting assignment retracted. A notation of any falsified information may be included in the student's permanent record file. I understand that if the District must hire an investigator or expend other resources in order to scrutinize my residency claim further, the District will charge me for these expenses if it ultimately determines my claim is false. I understand that the District also reserves the right to seek additional civil and/or criminal legal remedies against families that submit fraudulent information.

Parent/Guardian Signature _____ Date _____

EPC USE ONLY				
Submitted at/Taken by	Date	HO #	Entered by	Date