



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Human Resources Division - Employee Relations Section**  
 333 S. Beaudry Ave., 14th Floor  
 Los Angeles, CA 90017  
 Tel.: (213) 241-6550  
 Email: employeverify@lausd.net

**NAME CHANGE REQUEST FORM**

This form is to be used by LAUSD employees, when requesting a change to how their name appears on official District records. If you have questions concerning the submission of this request, please contact the Employee Relations Section.

**In order to change your name or gender\*, you must personally present\*\* to Employee Relations staff the following:**

- 1 Social Security Card with your new name **AND**
- 2 Non-expired, United States government or State issued picture I.D. with your new name.
- 3 \* A Court Order indicating a change in gender.

Examples include: state issued driver's license, military I.D., military dependent I.D., permanent resident card, alien registration card, or United States passport.

\*\*A change of name affidavit (see attached form 8000) must be submitted for out of state or long distance requests by mail. **Do not submit originals or copies of documents with your request.**

**Note:**

- The new name you provide must EXACTLY match the name listed on the social security card and United States government issued picture I.D.
- You must present original documents in person to the Notary Public or Employee Relations Staff.
- Incomplete request forms will not be processed

Employee Information			
Employee #:	Last 4 Digits of Social Security #:		
Date of Birth:	Home Address:		
Email Address (work):	City:	State:	Zip:
Email Address (home):	Phone #:		
Name as it currently appears on District records		New Name	
First Name:	First Name:		
Middle Name:	Middle Name:		
Last Name:	Last Name:		
List all previous names			
Reason for Requested Name Change			
Employee Signature			
Signature:			Date:

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
HUMAN RESOURCES DIVISION – EMPLOYEE RELATIONS SECTION**

**CHANGE OF NAME AFFIDAVIT**

Date: \_\_\_\_\_

I hereby certify that \_\_\_\_\_ and  
*CURRENT NAME (First, Middle, Last)*

\_\_\_\_\_ are one and the same person, to be  
*FORMER NAME (First, Middle, Last)*

known hereafter as \_\_\_\_\_  
*CURRENT NAME (First, Middle, Last)*

\_\_\_\_\_  
(Signature of LAUSD Employee)

**\*\*THIS PORTION MUST BE COMPLETED BEFORE A NOTARY PUBLIC\*\***

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_,  
(name and title of notary public)

personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
(Signature of Notary)

(Seal)