

WCU Name Change Form

Office of the Registrar
West Coast University
151 Innovation Drive
Irvine, CA. 92316

CHANGE OF NAME
FORM

Date: _____ Student ID #: _____

Current Name: _____
 First Middle Last

Change to: _____
 First Middle Last

Reason for Change: _____

Supporting
Documentation: _____
 Marriage license, Divorce, Court Documents of Name Change

Signature: _____ Date _____