



LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division - Office of Employee Relations
 333 S. Beaudry Ave, 14th Floor, Los Angeles, CA 90017
 Tel.: (213) 241-6591
 Email: employeeverify@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 Office of Employee Relations.

In order to change your name and/or gender*, you will need to present originals of the following to a Notary Public:

- 1 Social Security Card with your new name **AND**
- 2 Change of Name Affidavit (see attached form 8000) **AND**
- 3 Non-expired, United States government issued picture I.D. with your new name. 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 Court Decree indicating a change in gender.

Note: DO NOT SUBMIT ORIGINALS OR COPIES OF SUPPORTING DOCUMENTS WITH YOUR REQUEST.

- The new name you provide must EXACTLY match the name listed on the Social Security card and United States government issued picture I.D.
- Both this form and the Change of Name Affidavit (form 8000) must be submitted via email to: employeeverify@lausd.net.
- Incomplete requests forms will not be processed.

Employee Information			
Employee #:		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 (WET INK SIGNATURE REQUIRED)			
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)