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 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. Non-expired, United States government or State 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.
3. * A Court Order indicating a change in gender.
4. A Change of Name Affidavit (see attached form 8000).

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.
- Both this form and the Change of Name Affidavit (form 8000) must be submitted via email to employeeverify@lausd.net. Do NOT submit originals or copies of supporting documents with your request.
- Incomplete request forms will not be processed.

<table>
<thead>
<tr>
<th>Employee Information</th>
<th>New Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee #:</td>
<td></td>
</tr>
<tr>
<td>Last 4 Digits of Social Security #:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Home Address:</td>
<td></td>
</tr>
<tr>
<td>Email Address (work):</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
<td></td>
</tr>
<tr>
<td>Email Address (home):</td>
<td></td>
</tr>
<tr>
<td>Phone #:</td>
<td></td>
</tr>
</tbody>
</table>

Name as it currently appears on District records

| First Name: |          |
| Middle Name: |          |
| Last Name: |          |

List all previous names

Reason for Requested Name Change

Employee Signature

Signature: Date:
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)