

**AMERICAN RIVER COLLEGE**  
**Enrollment Services Office**  
**Name Change Request Form**

Student ID Number: \_\_\_\_\_

**Our current records show your name as:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME CHANGE/CORRECTION:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

*Student signature required* \_\_\_\_\_

*For Office Use Only*    *Date:* \_\_\_\_\_

*Initials:* \_\_\_\_\_