



**VANGUARD  
UNIVERSITY**

*Office of the Registrar*

## CHANGE OF NAME FORM

<b>Change Name to:</b>	
<b>Former Name:</b>	
<b>Student ID:</b>	<b>Date of Birth:</b>
<b>Reason for Name Change:</b>	
<b>Document used to verify change:</b>	

Please attach to this form documentation/proof of name change (e.g. driver's license, marriage license). Submit by fax or email to:

Fax: 714-668-6126

Email: [records@vanguard.edu](mailto:records@vanguard.edu)

Please contact the Registrar's Office if you have any questions 714-662-5201