



**WESTERN UNIVERSITY OF HEALTH SCIENCES
POMONA, CALIFORNIA**

309 E. Second Street/College Plaza, Pomona, CA 91766-1854 * Phone (909) 469-5340 * Fax (909) 469-5425

CHANGE OF PERSONAL DATA FORM

Name change:

DATE: _____ PROGRAM: _____ CLASS YEAR: _____

FORMER NAME:

LAST NAME: _____

FIRST NAME: _____ Middle Name/Initial: _____

NEW NAME:

LAST NAME: _____

FIRST NAME: _____ Middle Name/Initial: _____

SIGNATURE _____

***Please complete this form and mail or fax it along with a copy of the legal documentation that supports your change of name. Legal documentation can include the following: naturalization certificate, marriage license, divorce decree, driver's license, social security card etc.

DOCUMENT ATTACHED: (YES NO) STUDENT FILE: _____

Address/phone number:

Date Effective: _____ Program: _____ Class Year: _____ International Student

Mailing: Permanent: Emergency Contact:

ADDRESS: _____

City State ZIP Country

PHONE: _____ Student I.D. or S.S. # _____

PRINTED NAME: _____ SIGNATURE: _____

Note: All campus departments will have access to your new address and telephone number.

• Processed by: INITIALS: _____