



Petition for Name or Data Change

Name: _____ Perm #: _____
Last First Middle

Student Class Level (select one): Undergraduate Graduate Alumni / Non-Current

Important Information: PLEASE READ

- Name Change:** A name change must match your full legal name. Nicknames, abbreviations, or initials are not accepted, unless used as your legal name. Please provide documentation that explicitly states your legal name.
- Ethnic Origin:** No documentation is needed to correct your ethnic origin.
- Gender Identity:** No documentation is needed to correct Gender Identity and/or Sexual Orientation. You may correct these fields in GOLD (my.sa.ucsb.edu/gold), under Personal Data.
- Documentation:** All changes, except Ethnic Origin and Gender Identity, must be accompanied by application documentation. Please submit a copy of your documentation. Do not submit originals. Applicable documentation includes, but is not limited to:
 - Marriage License • Driver's License • Court Order • Government-Issued ID • Social Security Card • Passport •
- Payroll/Personnel System:** If you are a current or former UCSB employee, it is advised that you contact your employer's payroll coordinator to update your legal information in Payroll/Personnel System (PPS), as it also may impact your student data.
- Processing Time:** Please allow 10 business days for processing.

Instructions:

- Select the Student Data field that is incorrect (left column) and provide the correct information (right column). Only complete selected fields to be corrected. Do not fill out any other fields.
- Sign and return this form with a photocopy of your supporting documentation to the Office of the Registrar: Registration@sa.ucsb.edu.

Student Data (select one)	Provide correct information, for selected field ONLY
<input type="checkbox"/> Name	Change from (Current name in system): _____ Last Name First Name Middle Name Change to (Legal name): _____ Last Name First Name Middle Name
<input type="checkbox"/> Social Security Number	Do not list your SSN. Attach a copy of your Social Security Card with this form.
<input type="checkbox"/> Date of Birth (MM/DD/YYYY)	
<input type="checkbox"/> Place of Birth (City, State, Country)	
<input type="checkbox"/> Ethnic Origin (Select one)	<input type="checkbox"/> American Indian/ Alaskan Native (C) <input type="checkbox"/> Black/ African American (A) <input type="checkbox"/> Chicano/ Mexican American (E) <input type="checkbox"/> Chinese/ Chinese American (2) <input type="checkbox"/> East Indian/ Pakistani (R) <input type="checkbox"/> Japanese/ Japanese American (B) <input type="checkbox"/> Korean/ Korean American (X) <input type="checkbox"/> Latino/Other Spanish American (5) <input type="checkbox"/> White/ Caucasian (F) <input type="checkbox"/> Pacific Islander/ Micronesian/ Polynesian (M) <input type="checkbox"/> Pilipino/ Filipino (L) <input type="checkbox"/> Other Asian (D) <input type="checkbox"/> Other (D) <input type="checkbox"/> Decline to State (G)
<input type="checkbox"/> Gender Identity	Gender Identity and Sexual Orientation may be corrected in GOLD (my.sa.ucsb.edu/gold)

Student Signature: _____ Date: _____

E-mail: _____ Phone: _____

Office of the Registrar Use Only:	
Documentation verified by: _____	Date system updated: _____

