



Division of School Business Systems Support
Certification Services
9300 Imperial Highway, Room 132
Downey, CA 90242-2890

Change of Name Request

To update your name in the Los Angeles County Office of Education (LACOE) credentials database of registered credentials, submit this completed and signed form to your employing school district. **Hard copy forms will not be accepted by LACOE.** The district must submit the completed form electronically by fax to Certification Services at 562-469-4300.

Print or Type Full Legal Name:

NEW (LAST NAME, FIRST NAME, MIDDLE NAME/INITIAL)		SOCIAL SECURITY NUMBER
NAME AS IT CURRENTLY APPEARS IN LACOE RECORDS (LAST NAME, FIRST, MIDDLE)		DATE OF BIRTH (MM/DD/YYYY)
REASON FOR REQUESTED CHANGE - MARRIAGE, DIVORCE, ETC.		
COMPLETE MAILING ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)		
WORK TELEPHONE NUMBER		HOME TELEPHONE NUMBER
DISTRICT CODE NUMBER	NAME OF EMPLOYING SCHOOL DISTRICT	

Declaration of Name Change Affidavit

Read, sign, and date the following.

I certify that the name provided on this form is my current legal name and request that my LACOE Credential Online System (COS) records be updated accordingly. I further certify that I have initiated or completed a legal name change with the Commission on Teacher Credentialing (CTC) by submitting CTC Form 41-NC, Request to Change Name or Personal profile.

Required attachments showing your current legal name: Copy of Social Security Card and a copy of a valid government-issued photo ID.

I understand that submitting this form updates my name **only** in LACOE's Credential Online System (COS). Submission of this form **does not** update my name with the Commission on Teacher Credentialing or any other agency. I am solely responsible for notifying all other agencies, employers, and organizations of my legal name change, as applicable.

Dated: _____
MONTH/DAY/YEAR

Location: _____, _____
NAME OF CITY STATE

Signature, New Legal Name: _____
FULL NAME

FOR COUNTY OFFICE USE ONLY				
CERTIFICATION DATE (MM/DD/YYYY)	INITIALS	CHANGE OF BENEFICIARY ☐ Yes ☐ No	RETIREMENT DATE (MM/DD/YYYY)	INITIALS