

LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division

AFFIDAVIT REGARDING CHANGE OF NAME

DATE: _____

I hereby certify that _____ and

CURRENT NAME (First, Middle, Last)

_____ are one and the same person, to be

FORMER NAME (First, Middle, Last)

Known hereafter as _____

CURRENT NAME (First, Middle, Last)

****THIS PORTION MUST BE COMPLETED BEFORE A NOTARY PUBLIC****

CURRENT NAME – SIGNATURE: _____

ADDRESS: _____

Number and Street

City State Zip Code

State of California)

) SS

County of Los Angeles)

Subscribed and sworn before me at _____

City and State

This _____ day of _____, _____.

Signature _____

Notary Public

