

## Name Change Affidavit and Certification

Student Name (please print)			Date
School Student Currently Attends			Student ID #
Address	City	State	Zip Code
Parent(s)/Legal Guardian(s) (please print)		Primary Phone #	Secondary Phone # (optional)
Address (if different than above)	City	State	Zip Code
E-mail (optional)			

As the parent(s)/legal guardian(s), and pursuant to Utah Administrative Code R277-419-10 (4), I hereby aver that there is a compelling need to protect my child by using a name other than what appears on the birth certificate, and authorize Jordan School District to record the name of the student as follows:

**A. From (current name on birth certificate):**

\_\_\_\_\_

**B. To (name by which student is to be recorded on District records):**

\_\_\_\_\_

**TO BE SIGNED BEFORE A NOTARY:**

The undersigned parent(s)/legal guardian(s) and student accept(s) that the name identified in (B) will be used as the official name designated on Jordan School District official transcripts and records. The undersigned also accept(s) sole responsibility for this name change, that this form does not constitute a legal name change, and the terms and conditions of this Affidavit.

\_\_\_\_\_  
 Parent(s)/Legal Guardian(s) Name (please print)

\_\_\_\_\_  
 Parent(s)/Legal Guardian(s) Signature

\_\_\_\_\_  
 Student Name (please print)

\_\_\_\_\_  
 Student Signature

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_, the parent(s)/legal guardian(s) and student, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_