



NAME CHANGE FORM

Documentation must be provided in order to have a name change processed on your student record. One of the following original documents can be presented:

- Legal Change of Name Certificate
- Driver’s License
- Marriage Certificate
- Passport
- Birth Certificate

Your Guarantor cannot be a relative and must be one of the following:

- Teacher or School Principal
- Signing Officer of a Banking Institution
- Postmaster
- Medical Professional
- Mayor
- Minister of Religion
- Legal Professional (including a Police Officer)
- Professional Accountant or Engineer
- University Instructor
- Person occupying a Senior Administrative position at a University or Community College

When requesting a name change online or by mail, a “Certified True Copy” of the original document must be provided. A “Certified True Copy” is a photocopy of the original documentation attested to by a Guarantor. Note: your Guarantor’s position and original signature must appear on the photocopy of your documentation if you are presenting it as a “Certified True Copy”.

Faxed or e-mailed copies are not acceptable.

Important note: Only current ID will be recognized as valid; expired ID will not be accepted.

PLEASE PRINT CLEARLY (All fields are mandatory)

| Date: | Student ID Number: | Date of Birth (MM/DD/YYYY): |
|-------|--------------------|-----------------------------|
| | | |

Identifying Information – You must provide your full legal name.

| Current Surname: | First Name and Middle Name(s) |
|------------------|-------------------------------|
| | |

Change Name to – Full legal name.

| Surname: | First Name and Middle Name(s) |
|----------|-------------------------------|
| | |

Signature Former Name: _____ Date: _____

Signature New Name: _____ Date: _____
(MM/DD/YY)

HOW TO SUBMIT

Student: Please submit this request form and the required proof of change documentation via the [Student Service Centre contact form](#). Select the “**Protected Forms - RO Records**” tile to submit. Do not submit your sensitive or protected documents through any other channels or contact form options.

OFFICE USE ONLY

Received by the Office of the Registrar on date: _____

Documentation provided: _____

Name change processed by: _____ Initials: _____ Date: _____