



## Personal Information Change Form

CURRENT STUDENT INFORMATION		
<b>Student First Name:</b>	<b>Student Last Name:</b>	
<b>Student Number:</b>	<b>Date of Birth (DD/MM/YY)</b>	
<b>Phone Number:</b>	<b>Email Address:</b>	
<b>Student Signature:</b>		<b>Date (DD/MM/YY):</b>
LEGAL NAME CHANGE REQUEST		
<b>Existing Legal Name:</b> Your name as currently appears on your Douglas College Student Record.		
<b>Last:</b>	<b>First:</b>	<b>Middle:</b>
<b>New Legal Name:</b> Your name as currently appears on your Douglas College Student Record.		
<b>Last:</b>	<b>First:</b>	<b>Middle:</b>
<b>Preferred Name (if different from New Legal Name):</b> _____		
<b>Note:</b> Official documentation is required for an Official Name Change. Please contact Enrolment Services if you wish to confirm you have the correct Name Change documents.		
<ul style="list-style-type: none"> <li>▪ Attach 1 (copy) of:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Marriage Certificate    <b>OR</b>    <input type="checkbox"/> Legal Name Change Certificate    <b>OR</b>    <input type="checkbox"/> Affidavit of Name Change    <b>OR</b>    <input type="checkbox"/> Divorce Certificate</li> </ul> </li> <li><b>AND</b></li> <li><input type="checkbox"/> Government Issued h    @    h    o</li> </ul>		
RESIDENCY STATUS CHANGE REQUEST		
<b>Date of Residency Status Change (DD/MM/YY):</b> _____		
<ul style="list-style-type: none"> <li>▪ Attach 1 (copy) of:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Permanent Residency Card    <b>OR</b>    <input type="checkbox"/> Letter of Permanent Residency</li> </ul> </li> <li><b>AND</b></li> <li><input type="checkbox"/> Government Issued h    @    h    o</li> </ul>		
OFFICE USE ONLY		
<b>NOTES:</b>		
<b>Changes Entered By:</b>		<b>Date Entered (DD/MM/YY):</b>

**Collection Notice**

Your personal information is collected by Douglas College under the authority of Section 27 (2) of the Freedom of Information and Protection of Privacy Act (FIPPA). The information will be used to process your Request for Name Change. Questions about the collection of this information may be directed to the Associate Registrar, Enrolment Services at 604-777-6093 or email [reg\\_admin@douglascollege.ca](mailto:reg_admin@douglascollege.ca).

Date Received:  
 Enrolment Services