

CHANGE OF NAME AND/OR ADDRESS FORM

Current Name:

Student ID # :

CHANGE OF ADDRESS

This section is for address changes only

Address: _____

City: _____ Apt. No.: _____
Province: _____ Postal Code: _____
Telephone: _____
Alternate phone: _____
Change Effective: Immediately
Or: _____
MM/DD/YY

NAME CHANGE

This section is for changes to your name only

NEW:
Surname: _____
First Name: _____
Middle Name: _____
Title: Mr. Miss Mrs. Ms.

Please note: Name change requests must be accompanied by official documentation

SIGNATURE:

Date:

For Office Use Only:

Processed by:

Date: