



Personal Information Change Form

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

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.

Date Received:
 Enrolment Services