



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:	
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 a Legal 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: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Marriage Certificate OR Legal Name Change Certificate OR Affidavit of Name Change OR Divorce Certificate </div> <p style="margin-top: 5px;">AND</p> <p>Government Issued Picture ID - Please Specify: _____</p> 		
RESIDENCY STATUS CHANGE REQUEST		
Date of Residency Status Change (DD/MM/YY): _____		
<ul style="list-style-type: none"> ▪ Attach 1 (copy) of: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Permanent Residency Card OR Letter of Permanent Residency </div> <p style="margin-top: 5px;">AND</p> <p>Government Issued Picture ID - Please Specify: _____</p> 		
Student Signature:	Date (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 eg_admin@douglascollege.ca.

Date Received:
 Enrolment Services