

STUDENT INFORMATION

Student ID: _____

Date of Birth (MM/DD/YY): _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

CHANGE OF NAME REQUEST

Former Last Name: _____ Former First Name: _____

Updated Last Name: _____ Updated First Name: _____

Preferred First Name: _____
**your full legal name will appear on official documents from the College, not your preferred name.*

**** Legal Photo Documentation must be included for change of name requests (ie: passport, drivers license, permanent residency card, etc.)***

Please attach your Photo Documentation along with this request form and send to records@bowvalleycollege.ca.

STUDENT AUTHORIZATION

Student Signature: _____ Date: _____

INTERNAL USE ONLY Processed by: _____ Date Received: _____

Consent Regarding My Personal Information

The personal information collected on this form or in conjunction with this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (Alberta) and the Post-secondary Learning Act (Alberta). This personal information is required to administer my enrolment in courses at Bow Valley College (the "College").

For more information regarding the collection or use of your personal information, contact the Office of the Registrar at 345-6th Avenue SE, Calgary, Alberta, T2G 4V1. Phone 403-410-1400 or toll-free in Alberta 1-866-428-2669. I hereby consent to the collection and disclosure of my personal information as described above.