

## **Student Legal Name Change**

University of Alberta students or alumni who have had a name change should use this form. Ensure that you go to the appropriate office based on your classification.

To complete the form, download this document to your desktop and open using Adobe PDF. Don't forget to save before submitting the form.

Once you have completed this form in its entirety, you can submit the completed and signed form along with the required supporting documents online at uab.ca/ ask or print the form and deliver in person to one of the following locations.

Name (	changes	can be	processed in	person at	the fo	llowing	locations

STUDENT SERVICE CENTRE Main Floor, Administration Building University of Alberta Edmonton, AB

T6G 2M7

Online: http://uab/ask

FACULTY OF GRADUATE AND POSTDOCTORAL

Killam Centre for Advanced Studies 2-29 Triffo Hall

University of Alberta Edmonton, AB T6G 2E1

One of the following original documents must be presented: a name change will not be recorded on your University record unless such documentation is provided.

• Legal Change of Name Certificate

Passport

- Marriage Certificate
- Birth Certificate (when changing your name back to your birth name)

When requesting a change of name by mail or electronically, a copy marked "Certified True Copy" of the original documentation must be provided. A "Certified True Copy" is a photocopy of the original documentation attested to by a Guarantor. Note: your Guarantor's position and original signature must appear on the photocopy of your documentation if you are presenting it as a "Certified True Copy". Faxed copies are not acceptable. Your Guarantor cannot be a relative and must be one of the following:

- Minister of Religion
- Signing Officer of a Banking Institution
- Legal Professional (including a Police Officer)
- · University Instructor
- Teacher or School Principal
- Indigenous Elder

Signature - Former Name

- Medical Professional
- Professional Accountant or Engineer
- Mayor
- Postmaster
- Person occupying a Senior Administrative position at a University or Community College

Student ID Number Date of Birth (mmm/dd/vvvv) **Change or Update Gender** Prefer to self-declare Prefer not to disclose Female Male **Identifying Information** (You must provide your full legal name ) Submission Date First Name Current Last Name on Record Middle Name(s) Correction Only (office use only) Change of Name to: Full legal name Last name First Name Middle Name(s) (Please note, electronic signatures are not accepted)

Protection of Privacy - Personal information provided is collected in accordance with Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act (the FOIP Act) and will be protected under Part 2 of that Act. It will be used for the purpose of processing student requests and/or the administration of academic programs and student services by the University of Alberta. Should you require further information about collection, use and disclosure of personal information, please contact the Assistant Registrar, Enrolment Services at enrolmentservices@ualberta.ca. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority.

Signature - New Name