

Internal Fleming Change of Name Request Form

To begin the change of name and request, the Office of the Registrar requires one piece of valid government-issued photo identification in order to verify the identity and academic record of the student making the request. Please complete the form and bring to the Office of the Registrar or email to records@flemingcollege.ca along with a copy of your photo id.

Current Student Information (please print clearly):		
Student number:		Date of Birth:
Telephone:	Fleming Email:	
Last name currently on file:	First name currently on file:	Middle name currently on file:

NEW Name (please print clearly):
First Name:

All personal information collected on this form is protected under the *Freedom of Information and Protection of Privacy Act*. If you have questions about collection, use or disclosure of this information, please email: records@flemingcollege.ca.

I understand that:

- This form will change my first name for Fleming College only and is **not a legal name change**;
- The College will retain a record of all given names as a part of the Registrar's student record;
- The preferred first name will be used by the College in future to correspond with me or about me with internal (employees) and external parties (placement, job references);
- Preferred name will **not** be used on any physical copies of official academic transcript, diploma, and financial records;
- System will be updated in 5 business days.

I would like to have my Fleming email changed to reflect my updated information: Yes No

I have read and understood the information provided on this form: Yes No

Signature of Student _____

Date: (dd/mmm/yy) _____

For Office use only: Date Submitted: ___/___/___ (D/M/Y) Proof of identity confirmed: Y N

Type of Documentation Provided: _____

Staff Signature: _____