

## REQUEST FOR PRIMARY NAME CHANGE

### YOUR PRIMARY NAME AS LISTED IN UOCAMPUS WILL APPEAR ON ALL OFFICIAL DOCUMENTS.

A request for name change must be supported by original documents or by certified or notarized copies. Original documents written in a foreign language must be submitted with a translation into French or English by a certified translator.

Please print, complete and submit this form in person to The Office of the Registrar at Saint Paul University (223, Main Street, Room G161B, Ottawa, Ontario, K1S 1C4) or by email to [registrar@ustpaul.ca](mailto:registrar@ustpaul.ca).

### STUDENT INFORMATION

STUDENT NO.

LAST NAME AND GIVEN NAMES PRIOR TO CHANGE

**NEW** LAST NAME AND GIVEN NAMES

ADDRESS (NO. AND STREET)

DATE OF BIRTH

YEAR / MO. / DAY

CITY

PROVINCE

POSTAL CODE

AREA CODE AND TEL. NO.

### REASON FOR CHANGE

ALL REQUESTS MUST BE ACCOMPANIED BY TWO VALID PIECES OF IDENTIFICATION, ONE OF WHICH IS PHOTO IDENTIFICATION.

NAME CHANGE BY MARRIAGE  NAME CHANGE BY LAW  RETURN TO BIRTH NAME  GIVEN NAME CHANGE

### ACCEPTABLE IDENTIFICATION

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> CANADIAN OR FOREIGN PASSPORT     | <input type="checkbox"/> BIRTH CERTIFICATE                        | <input type="checkbox"/> MUNICIPAL EMPLOYEE ID  |
| <input type="checkbox"/> DRIVER'S LICENCE                 | <input type="checkbox"/> CANADIAN OR FOREIGN MARRIAGE CERTIFICATE | <input type="checkbox"/> SOCIAL INSURANCE NUMBER CARD   |
| <input type="checkbox"/> PROVINCIAL HEALTH CARD           | <input type="checkbox"/> DIVORCE ORDER OR JUDGMENT                | <input type="checkbox"/> AFFIDAVIT  |
| <input type="checkbox"/> CERTIFICATE OF INDIAN STATUS     | <input type="checkbox"/> PERMANENT RESIDENT CARD                  | <input type="checkbox"/> CERTIFICATE OR COURT ORDER ISSUED UNDER A PROVINCIAL CHANGE OF NAME ACT OR SIMILAR LEGISLATION |
| <input type="checkbox"/> CANADIAN CITIZENSHIP CERTIFICATE | <input type="checkbox"/> FEDERAL EMPLOYEE ID                      |   |
|   | <input type="checkbox"/> PROVINCIAL EMPLOYEE ID                   |   |

### NOTICE OF COLLECTION OF PERSONAL INFORMATION

Your personal information is collected under the authority of Saint Paul University in accordance with the Ontario *Freedom of Information and Protection of Privacy Act* and University Policy **ADM-118**. The personal information you provide on this form will be used by the University for purposes consistent with the administration of university programs and activities and the provision of services and performance of functions including recruitment, admission, enrolment, academic programs, evaluations, official document requests, financial aid and awards, assisting student associations and graduation.

If you have questions about the collection, use and disclosure of your personal information, please contact the Office of the Registrar at 613-236-1393 extension 2318 or at [registrar@ustpaul.ca](mailto:registrar@ustpaul.ca).

## CONVOCATION

TO ENSURE THAT YOUR NAME IS CHANGED BEFORE YOUR DIPLOMA IS PRINTED, YOU MUST SUBMIT YOUR REQUEST TO THE OFFICE OF THE REGISTRAR BY MARCH 31 FOR THE SPRING CONVOCATION OR BY SEPTEMBER 15 FOR THE FALL CONVOCATION.

WILL YOU BE RECEIVING YOUR DIPLOMA AT THE NEXT CONVOCATION CEREMONY?  YES  NO

I HAVE READ AND UNDERSTOOD THE INFORMATION BELOW EXPLAINING THAT MY PERSONAL INFORMATION WILL BE PROTECTED UNDER THE ONTARIO FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT.

**DATE**

\_\_\_\_\_

YEAR / MO. / DAY

**SIGNATURE**

X