

Request for Change of Personal Information

520 Seymour Street • Vancouver, BC V6B 3J5
Phone: (236) 521-2500 • Fax: (236) 521-2400

I, _____ / _____
(Print Student First Name) (Print Student Last Name)

would like to make an official change to the following information:

Please print legibly and only fill in the information you would like to change

Name: _____
(Name change requests require documentation – marriage license, divorcee decree, driver’s license, etc. – please attach a copy)

Address: _____

Phone Number(s): _____ (Home)
_____ (Work)
_____ (Cell)

Other: _____

Student Signature _____ **Date:** _____

FOR OFFICE USE ONLY:

Registrar Staff Initials _____ Date Received _____

Registrar Staff Initials _____ Date Processed _____