

NOTICE OF ADDRESS/NAME CHANGE

Name:		Student ID:			
Changes Requested: ☐ Address Change (Complete Section 1) ☐ Name Change (Complete Section 2)		☐ Correction to Personal Information Requested (Please attach government issued ID) Required Correction:			
SECTION 1 – CHANGE OF ADD	RESS			_	
NEW MAILING ADDRESS: (To which all mail will be sent) STREET, AVENUE, P.O. BOX NUMBER		(If different from m	NEW PERMANENT ADDRESS (If different from mailing address) STREET, AVENUE, P.O. BOX NUMBER		
CITY OR TOWN PI	ROVINCE	CITY OR TOWN		PROVINCE	
OSTAL CODE HOME TELEPHONE		POSTAL CODE	HOME TELEPH	ONE	
EMAIL			I		
SECTION 2 – CHANGE OF NAMI CURRENT NAME:		CHANGE NAM	ME TO: (LEGAL NAME		
LAST NAME	SUFFIX (ex. Jr. Sr.)	LAST NAME	IL IO. (LEGAL NAME	SUFFIX (ex. Jr. Sr.)	
FIRST NAME	MIDDLE NAME	FIRST NAME		MIDDLE NAME	
PREFERRED FIRST NAME		PREFERRED FIRST NAME			
Change of name must be acc ☐ Legal Change of Name Certifica ☐ Marriage Certificate	ate 🗆 Passpo	_			
STUDENT SIGNATURE		SRS ENTRY (OFFICE USE ONLY) DATA INPUT DATE INITIALS			
DATE			DATA INFOLDATE	INTIALO	

E-mail completed form and supporting documents to: records@northernlakescollege.ca

Your personal information is collected under the authority of the College's Act and section 33(C) of the Freedom of Information and Protection of Privacy Act (FOIP), and is protected under the provisions of FOIP. If you have any questions about the collection of this information you may contact the FOIP Coordinator, at (780) 751-3259, foipcoordinator@northernlakescollege.ca or 1201 Main Street SE Slave Lake, AB TOG 2A3.

Revised: February 12, 2021