

## **Notice of Address/Name Change Form**

| Full Name:                       |                        |                           | Student ID:                         |                             |             |              |                      |
|----------------------------------|------------------------|---------------------------|-------------------------------------|-----------------------------|-------------|--------------|----------------------|
| E-mail:                          |                        |                           |                                     |                             |             |              |                      |
| Changes request                  | ed:                    |                           |                                     |                             |             |              |                      |
| ☐ Address Change                 | e (Complete Secti      | ion 1)                    |                                     |                             |             |              |                      |
| ☐ Name Change (                  | · ·                    | •                         |                                     |                             |             |              |                      |
|                                  | ersonal Informatio     | on Requested (please atta | ich government                      | issued ID)                  |             |              |                      |
| Section 1 – Chang                | ge of Address          |                           |                                     |                             |             |              |                      |
| New mailing add                  | New permanent address: |                           |                                     |                             |             |              |                      |
| (To which all mail will be sent) |                        |                           | (If different from mailing address) |                             |             |              |                      |
| Street, Avenue, P.O. Box number  |                        |                           | Street, Avenue, P.O. Box number     |                             |             |              |                      |
| City or Town                     |                        | Province                  |                                     |                             |             |              |                      |
| City of Town                     |                        | FIOVILLE                  | City or Town                        |                             |             |              | Province             |
| Postal code                      | Home telephor          | ne                        | Postal Co                           | de Home telephone           |             |              |                      |
| Section 2 – Chang                | ge of Name             |                           | Change n                            | a <b>me to:</b> (Leg        | al names    | only)        |                      |
| Last name                        |                        | Suffix (ex. Jr. Sr.)      | Last nam                            | Last name                   |             |              | Suffix (ex. Jr. Sr.) |
| First name                       |                        | Middle Name               | First nam                           | First name                  |             |              | Middle name          |
| Preferred first name             |                        |                           | Preferred first name                |                             |             |              |                      |
| Change of name                   | must be accon          | npanied by one of the     | following offi                      | icial docume                | ents:       |              |                      |
| Legal Change o                   | f Name Certificat      | te 🗆 P                    | Passport                            |                             |             |              |                      |
| ☐ Marriage Certif                | icate                  |                           | Birth Certificate                   | e (when changin             | ig your nan | ne back to y | our birth name)      |
|                                  |                        |                           |                                     |                             |             |              |                      |
| Student Signature                |                        |                           |                                     | SRS ENTRY (OFFICE USE ONLY) |             |              | NLY)                 |
|                                  |                        |                           |                                     | DATA INPUT D                | ATE         | INITIAL      | S                    |
| Date                             |                        |                           |                                     |                             |             |              |                      |

Send completed forms to <a href="mailto:admissions@northernlakescollege.ca">admissions@northernlakescollege.ca</a>



Questions regarding this form are to be directed to the identified Form Administrator.

| Related Northern Lakes College | Academic - College Parchment Procedure                        |  |  |  |  |
|--------------------------------|---|--|--|--|--|
| Documents:                     |   |  |  |  |  |
| Form Owner:                    | Registrar   |  |  |  |  |
| Form Administrator:            | Administrative Assistant, Registrar                           |  |  |  |  |
| Approved By:                   | President's Advisory Team                                     |  |  |  |  |
| Revision History:              | September 12, 2018: Revised                                   |  |  |  |  |
|                                | August 17, 2022: Update to template, content, and superseding |  |  |  |  |
|                                | statement   |  |  |  |  |
|                                | August 17, 2023: Update to template, content, and superseding |  |  |  |  |
|                                | statement   |  |  |  |  |
|                                | September 24, 2025: Revision of POPA statement                |  |  |  |  |

The personal information that you provide to Northern Lakes College is collected under the authority of the *Post-Secondary Learning Act* and section 4 of the *Protection of Privacy Act* (Alberta) ("POPA"). The information is collected, and will be used and disclosed for purposes including mailing/emailing information to you, confirming identity, and updating legal name. Collected personal information is protected from unauthorized access, use, and disclosure in accordance with POPA. Questions regarding the collection, use, and disclosure of personal information can be directed to: Privacy Officer at <a href="mailto:privacy@northernlakescollege.ca">privacy@northernlakescollege.ca</a>.