

## Alumni Name Change Form

Requests from York University Alumni for a change of name after graduation are evaluated on an individual basis and require the completion of this form as well as supported *by original or certified/notarized copies* of the following documents:

**If you were born in Canada:**    Change of Name Certificate  
   Birth Certificate in new name  
   Government Issued Photo ID in new name

**Born outside of Canada:**    Change of Name Certificate  
   Citizenship Certificate issued by CIC  
   Government Issued Photo ID in new name

Student Information (please print)	
Student Number	Home Faculty
Surname currently on file	Given Name currently on file
Surname on documentation	Given Name on documentation (First) <span style="float: right;">(Middle)</span>
Telephone	E-mail

Title             Mr.             Mrs.             Ms.             Other (specify) \_\_\_\_\_

Student's Signature	Date
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Protection of Privacy: Personal information in connection with this form is collected under the authority of *The York University Act, 1965* for educational, administrative and statistical purposes. The information will be used to process your enrolment and registration in academic programs; to record and track your academic progress; and for related record-keeping purposes. If you have any questions about the collection, use or disclosure of this information by York University, please contact the Manager, Registrarial Services, W120 Bennett Centre for Student Services, York University, 4700 Keele Street, Toronto ON, M3J 1P3, 416-872-9675.

<b>Registrar's Office Use Only</b>		Checked: <input type="checkbox"/> Name on SIS <input type="checkbox"/> Faculty
<b>Born in Canada – All Required in New Name</b>		<b>Born Outside of Canada – All Required in New Name</b>
Birth Certificate <input type="checkbox"/>		Change of Name Certificate <input type="checkbox"/>
Change of Name Certificate <input type="checkbox"/>		Citizenship Certificate issued by CIC <input type="checkbox"/>
Government Issued Photo ID <input type="checkbox"/>		Government Issued Photo ID <input type="checkbox"/>
Received By York University Representative:		
_____	_____	Date: (dd/mm/yy) _____
Printed Name	Initials	
Processed by: _____		Date: (dd/mm/yy) _____