

Name Change

Current or former employees or students at the University of Alberta who have had a name change should use this form. Ensure that you go to the appropriate office based on your classification.

To complete the form, download this document to your desktop and open using Adobe PDF. Don't forget to save before submitting the form.

Once you have completed this form in its entirety, you can submit the completed and signed form along with the required supporting documents online at https://uab/ask or print the form and deliver in person to one of the following locations

Name changes can be processed in person at the following locations:

STUDENT SERVICE CENTRE Main Floor, Administration Building University of Alberta Edmonton, AB T6G 2M7

Online: http://uab/ask

FACULTY OF GRADUATE STUDIES AND RESEARCH Killam Centre for Advanced Studies 2-29 Triffo Hall University of Alberta

One of the following original documents must be presented: a name change will not be recorded on your University record unless such documentation is provided.

- Legal Change of Name Certificate
- Passport

- Marriage Certificate
- Birth Certificate (when changing your name back to your birth name)

When requesting a change of name by mail <u>or</u> electronically, a copy marked "Certified True Copy" of the original documentation must be provided. A "Certified True Copy" is a photocopy of the original documentation attested to by a Guarantor. **Note:** your Guarantor's position and original signature must appear on the photocopy of your documentation if you are presenting it as a "Certified True Copy". Faxed copies are not acceptable. Your Guarantor cannot be a relative and must be one of the following:

- Minister of Religion
- Signing Officer of a Banking Institution
- Legal Professional (including a Police Officer)
- · University Instructor
- Teacher or School Principal
- Indigenous Elder

• Medical Professional

Edmonton, AB T6G 2E1

- Professional Accountant or Engineer
- Mayor
- Postmaster
- Person occupying a Senior Administrative position at a University or Community College

Student/Employee ID Number Date of Birth

(mmm/dd/yyyy)

Change or Update Gender

Male Female Another/Prefer not to disclose Other Do you require follow up with this change?

Identifying Information (You must provide your full legal name) Submission Date

Current Surname on Record First Name Middle Name(s)

Change of Name to: Full legal name

Surname First Name Middle Name(s)

(Please note, electronic signatures are NOT accepted.)

Signature - Former Name Signature - New Name

The information requested on this form is collected under Section 14(4)(a) of the Employment Standards Code and Section 33c of Alberta's Freedom of Information and Protection of Privacy Act, for the purpose of managing employee records, determining eligibility for university admission and/or the administration of academic programs and student services. Certain information will be made available to federal and provincial departments and agencies under appropriate legislative authority.

For further information about the collection and use of this information, C ontact Staff Service Centre at $\underline{\texttt{uab.ca/staffsrv}}$ or Student Service Centre at $\underline{\texttt{uab.ca/ask}}$.