



www.ocadu.ca  
 100 McCaul Street, Toronto, Ontario Canada M5T 1W1  
 TELEPHONE 416.977.6000 FACSIMILE 416.977.4201

# Name Change Form

Any personal information collected on this form is protected under the Freedom of Information and Protection of Privacy Act. The information you provide will be used to update your OCAD U records. These records are only viewed by OCAD U administrative staff and are not released to any other parties.

- **Original documents only** (not photocopies) must be presented in person at the Office of the Registrar, **230 Richmond Street West, Level 5.**
- Staff at the Office of the Registrar will photocopy and return the original document.

**Please present ONE of the following documents:**

<b>Legal name change:</b>	<input type="checkbox"/> Legal Change of Name Certificate <input type="checkbox"/> Valid Canadian passport <input type="checkbox"/> Valid Canadian driver's license <input type="checkbox"/> Court order <input type="checkbox"/> Marriage certificate (English, French or certified English translation)
<b>Chosen name change:</b>	<input type="checkbox"/> No documentation required

**Student Information (Please Print):**

Student Number:		
Telephone:	Email:	
Last name currently on file:	First name currently on file:	Middle name currently on file:
Last name on documentation:	First name on documentation:	Middle name on documentation:
Chosen Last Name <i>(if applicable)</i> :	Chosen first name <i>(if applicable)</i> :	Chosen middle name <i>(if applicable)</i> :

**Sign and date below if you are changing your name to the chosen name provided above.**

I acknowledge that I am requesting my name to be changed to the chosen name provided above. Additionally, I acknowledge that if my records *do not* reflect my legal name there may be difficulties in some situations when my academic records may not correspond to other documentation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Received by:	Date:	Date entered:
--------------	-------	---------------