

# Change of Name Request Form

## STUDENT INFORMATION

Student ID: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## CHANGE OF NAME REQUEST

Former Last Name: \_\_\_\_\_ Former First Name: \_\_\_\_\_

Updated Last Name: \_\_\_\_\_ Updated First Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_  
*\*your full legal name will appear on official documents from Training Inc., not your preferred name.*

\* Legal Photo Documentation of both the old and new names must be included with any change of name requests (i.e.: passport, drivers licence, permanent residency card, etc.)

Please attach your Photo Documentation along with this request form and send to *info@traininginc.ca*

## STUDENT AUTHORIZATION

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

## For Internal Use Only

Processed by: \_\_\_\_\_ Date Received: \_\_\_\_\_

## Consent Regarding My Personal Information

The personal information collected on this form or in conjunction with this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (Alberta) and the Post-Secondary Learning Act (Alberta). This personal information is required to administer my enrolment in courses at Training Inc. Vocational School.

For more information regarding the collection or use of your personal information, contact Training Inc. at 444 - 5<sup>th</sup> Avenue South, Lethbridge, Alberta, T1J 0T5. Phone 403-320-5100 or toll-free in Alberta 1-866-380-3480. I hereby consent to the collection and disclosure of my personal information as described above.