



CHANGE OF NAME

Student Records

SW1—1st Floor, 3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

T 604.432.8353 TF 1.866.434.1610 (Canada & US) E records@bcit.ca

Instructions: 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit as an email attachment to records@bcit.ca.

PLEASE NOTE

- Your BCIT ID is yours for life. **Do not create a duplicate BCIT ID number.**
- Email this form to records@bcit.ca. **Do not fax.**

Fields marked with an asterisk (*) are **mandatory**.

PERSONAL INFORMATION

Your BCIT ID Number* A0		Birth Date (DD-MMM-YYYY)*	
Legal Previous Last Name*	Legal First Name*		Legal Middle Name
Legal New Last Name*	Legal First Name*		Legal Middle Name

CONTACT INFORMATION

Please provide at least one phone number*

Mailing Address (number, street, and suite if applicable)*			Home Phone Number
City*	Province	Postal Code*	Mobile Phone Number
Country*	Personal (non-BCIT) Email Address*		

IDENTIFICATION

Attach 2 pieces of government issued ID.

Both IDs must show the same name. Please scan and email the IDs. Do not photocopy or fax; the resulting images are unreadable. Credit cards cannot be accepted as a form of ID.

ID must include one of: 1 legal change of name **OR** 1 marriage certificate **OR** 1 birth certificate (if reverting to maiden name)

And: 1 picture ID. Please specify: _____

STUDENT AUTHORIZATION

Signature*	Date (DD-MMM-YYYY)*
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OFFICE USE ONLY

Please forward this form to Student Records for processing. Please stamp copies of original documents "ORIGINAL SEEN".

Taken By	Local	Date (DD-MMM-YYYY)
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