

**STUDENT NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

<small>STUDENT NUMBER</small>																			

**PLEASE USE A BLACK INK PEN WHEN COMPLETING THIS FORM**

CHANGE OF NAME	
<p>As a result of this name change I would like to update myKwantlen email address and my moodle account (online courses) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>To verify a name change, a copy of the appropriate legal documentation (e.g. marriage certificate) must accompany this form.</p> <p><b>TO:</b> _____  <small>LAST FIRST MIDDLE</small></p>	

CHANGE OF MAILING ADDRESS / PHONE / EMAIL ADDRESS	
<small>NUMBER / STREET</small> _____ <hr style="border-top: 1px dashed black;"/> <small>PROVINCE</small> <small>POSTAL CODE</small> <small>HOME TELEPHONE</small>	<small>CITY / MUNICIPALITY</small> _____ <hr style="border-top: 1px dashed black;"/> <small>BUSINESS TELEPHONE</small>
<small>EMAIL ADDRESS</small> _____	

CHANGE IN EMERGENCY CONTACT	
<input type="checkbox"/> <b>Replace my existing emergency contact</b> <small>SURNAME (LAST OR FAMILY NAME)</small> _____ <hr style="border-top: 1px dashed black;"/> <small>RELATIONSHIP TO STUDENT</small> _____	<input type="checkbox"/> <b>Add the following emergency contact</b> <small>GIVEN NAMES</small> _____ <small>FIRST MIDDLE</small> <hr style="border-top: 1px dashed black;"/> <small>HOME TELEPHONE</small> <small>BUSINESS TELEPHONE</small>

CHANGE OF CITIZENSHIP STATUS	
<b>FROM:</b> <input type="checkbox"/> Permanent Resident (Landed Immigrant) <input type="checkbox"/> Convention Refugee <input type="checkbox"/> Minister's Permit <input type="checkbox"/> Student Authorization <input type="checkbox"/> Employee Authorization <input type="checkbox"/> Other _____	<b>TO:</b> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident (Landed Immigrant) <input type="checkbox"/> Convention Refugee <input type="checkbox"/> Minister's Permit <input type="checkbox"/> Student Authorization <input type="checkbox"/> Employment Authorization <input type="checkbox"/> Other _____

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:**

<small>Day</small>	<small>Mo</small>	<small>Yr</small>

OFFICE USE ONLY	DATE	INITIAL
DOCUMENTATION VERIFIED & PROCESSED		