

# Name Change Form

# Submit form to:

- **STUDENT:** Student Central (main floor, Administration Building)
- **STAFF:** ConnectionPoint (Room 258 Arts Building or 505-121 Research Drive)

# **Supporting documentation required**

Please bring a copy of documentation that shows your full legal name (marriage certificate, Photo ID, SIN card, Passport, etc.)

Identification Number (complete one or more of the following)						
Student Number		Employee Identification Number			NSID	
Personal Information						
Legal Surname		Legal First Name		Preferred Name (if different from first name)		
Legal Middle Name 1	gal Middle Name 1 Legal Middle Name		2 Legal Middle Name 3		Title: Mr., Ms. Mrs., Dr., etc.	Suffix: JR, SR, CA, QC, OC, etc.
Previous Name (required for r	name changes)					1
Surname		First Name		Preferred Name (if different from first name)		
Other Information						
Signature						
If the individual is not present to sign	this form, the U of !	S staff signature in	dicates the information has b	oeen authe	enticated.	
Signature					Date (mm/dd/	уууу)

# **Student Central**

Fax: 306-966-6730

105 Administration Place University of Saskatchewan Saskatoon, SK S7N 5A2 Canada

Email: askus@usask.ca Website: students.usask.ca

Toll Free (in Canada): 1-877-650-1212 Tel: 306-966-1212

#### **Connection Point**

Arts Building Room 258 9 Campus Drive Saskatoon, SK S7N 5A5 Canada

Email: connectionpoint@usask.ca Website: connectionpoint.usask.ca Tel: 306-966-2000

# **Connection Point**

Room 505 121 Research Drive Saskatoon, SK S7N 0X4 Canada

Email: connectionpoint@usask.ca Website: connectionpoint.usask.ca Tel: 306-966-2000