

Student Lived Name Change Request Form

Requests must be submitted in person to the Registrar's Office with government issued photo ID matching your name as it currently appears in Mohawk College's records.

Section A – Current Information as it appears on Mohawk's records		
Student ID #		
Last name		
First name	Middle name(s)	
Alternative email address		
Section B – Lived First, Middle and Last Names		
Lived first name	Lived middle name(s)	Lived last name
Gender (optional)	Prefix (optional)	
<p>I authorize Mohawk College to update all records with my lived name(s), i.e. student informationsystem, email, ID card, portal, learning platform.</p> <p>I acknowledge that all documentation will be produced in my lived name.</p>		
Student Signature		
<p>External institutions may not recognize or accept lived names for legal purposes. These institutions include, but may not be limited to: OSAP, banks, RESP providers, passport offices, potential work placements and employers, educational institutions, licensing bodies, Revenue Canada, health insuranceproviders and police (required for some courses and/or placements).</p> <p>I understand that inconsistency between the lived names used by Mohawk College and the names used by external organizations may cause unexpected difficulty and it is solely my responsibility to resolve such discrepancies. I also understand that the College will make reasonable efforts to update and maintain confidentiality when a lived, preferred or legal name change is completed. The College acknowledges that there is the possibility with system upgrades, additional OCAS applications, etc., that a student's initial or legal name may be visible to those outside of the Registrar's Office.</p>		

Note

- This form does not legally change your name(s) but will change your name(s) in Mohawk College records. To change your legal name, a 'Legal Name Change Request Form' must be completed. Government-issued photo ID with your new name(s) is required.
- The College will retain records of all given names as a part of the Registrar's Office records.

I have read, understood and accept the terms indicated in this request concerning the use of my lived first, middle and last names and I hereby agree as follows:

- **TO WAIVE ANY AND ALL CLAIMS** that I have, or may in the future have, against Mohawk College and its management, employees, students, agents and representatives (all of whom are hereinafter collectively referred to as "The Releasers") as a result of the change of my given first and middle names;
- **TO HOLD HARMLESS AND INDEMNIFY THE RELEASERS** from any and all liability for any claims by any third party, resulting from the change of my given name(s);
- **THIS AGREEMENT SHALL** be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;

I have read and accept the terms of the change of my Given Name(s) and/or Legal Name(s) to my Lived Name(s) at Mohawk.

STUDENT SIGNATURE (to be witnessed by employee member)	DATE
WITNESS SIGNATURE	DATE

This form must be fully completed and signed before Mohawk can proceed with your request.

Mohawk College is committed to respecting your privacy and protecting your personal information. In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, R.S.O 1990, c. F.31, this is to advise you that your personal information is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada, including but not limited to, tabulating and reporting data on Key Performance Indicators (graduation rate, graduate employment, graduate satisfaction and employer satisfaction). Students may also be contacted by the ministry or college-authorized third parties for your voluntary participation in surveys to evaluate student and graduate experience and outcomes. If you have any questions about the collection, use and disclosure of your personal information by the College, please contact the General Counsel and Corporate Secretary, 135 Fennell Avenue West, Hamilton, ON, L9C 0E5, 905-575-1212 ext. 2189.

FOR OFFICE USE ONLY	
<input type="checkbox"/> Attach copy of photo identification provided <input type="checkbox"/> Update Banner table <input type="checkbox"/> Contact I.T. to change mail address; portal, learning platform, etc. <input type="checkbox"/> Provide letter for new I.D. card to be issued <input type="checkbox"/> Send email notifications to student's faculty if semester classes have started Effective Date and Term for name(s) change	Employee Signature Date