

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**.
- You can email, mail or drop off this form and accompanying documentation to the above address. Please do not fax.

Local

Fields marked with an asterisk (*) are mandatory.

PERSONAL INFORMATION

T EROUNAL INI ORIMATION			
Your BCIT ID Number* A0		Birth Date (DD-MMM-YYYY)*	
Previous Surname*	Given Name*		Middle Name
New Surname*	Given Name*		Middle Name
CONTACT INFORMATION			Please provide at least one phone number*
Mailing Address (number and street)*			Home Phone Number
City*	Province	Postal Code*	Mobile Phone Number
Country*	Email Address*		
Attach 2 pieces (copies) of ID			
OFFICE USE ONLY – Please forward this form to Student Records for processing. Please stamp copies of original documents "ORIGINAL SEEN".			

Date (DD-MMM-YYYY)

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Taken By