

REGISTRAR'S OFFICE

3000 College Dr. S Lethbridge Alberta T1K 1L6 Tel: 403.394.7371

Fax: 1-888-819-9803

Email:

records@lethbridgecollege.ca

REGISTRAR'S NAME CHANGE/CORRECTION FORM

This form may be used to request a change or correction of legal name to a Lethbridge College record.

A copy of one of th	e following original documents	s must be provided with	your request. Pl	lease select:
Drivers License	Marriage Certificate	Legal Change of Name (Certificate	Passport
Lethbridge College Student ID: s (Leave Blank if unknown)		Date of Bir	Date of Birth:	
	(Leave Blank If Unkno	own)	(TTTT/WIIWI/DI	טן
Change From:		Change To:		
Last Name:		Last Name:		
First Name:		First Name:		
Middle Name:		Middle Name:		
Options for submitting doc	cumentation and the completed fo	orm:		
Scan and Email: recor	ds@lethbridgecollege.ca	orm:		
FAX: 1-888-819-98 Mail: Records office Present in-person:	e, Lethbridge College, 3000 College Registrar's Office, Lethbridge	_	1L6	
For inquiries related to th	e name change requests, call: 403-	-394-7371		
	rocedure to evaluate the record an S_XLDP_fromNameChange.docx	d process the applicable so	lution:	
Term Enrolled	Email	Address Updated (DRUS)	Ema	hil IT
Completed	by:	Date:		

-Your personal information is being collected under the authority of subsection 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for the purpose of processing your Name Change request and uses consistent with this purpose. It may be used and disclosed to other College departments and employees for this purpose, or for a use consistent with this purpose. If you have a question about the collection, use, disclosure or protection of your personal information, please contact Lethbridge College's Manager of Institutional Compliance by phoning (403) 320-3202 ext. 5703, emailing privacy@lethbridgecollege.ca, or writing to 3000 College Dr S, Lethbridge, Alberta T1K 1L6 c/o Manager of Institutional Compliance.

(2021/2/10)