

Change of Name

Current or former students (alumni), employees or general contacts who change their legal name, or whose registration of a change of name is annulled, must notify **Briercrest College and Seminary** immediately and provide evidence of the change using this form.

Current Students and Alumni CHS College and Seminary		Employees	General
Caronport High School Office Briercrest College and Seminary 510 College Drive Caronport SK S0H 0S0 Phone: (306) 756-3303 Fax: (306) 756-5597 Email: chs@briercrest.ca	Academic Services Office Briercrest College and Seminary 510 College Drive Caronport SK S0H 0S0 Phone: (306) 756-3391 Toll Free: 1-800-645-2275 Fax: (306) 756-5503 Email: academicsservices@briercrest.ca	Human Resources Office Briercrest College and Seminary 510 College Drive Caronport SK S0H 0S0 Phone: (306) 756-3299 Fax: (306) 756-5509 Email: hr@briercrest.ca	Office of Development Briercrest College and Seminary 510 College Drive Caronport SK S0H 0S0 Phone: (306) 756-3264 Toll Free: 1-888-581-2050 Fax: (306) 756-5584 Email: donorinquiry@briercrest.ca

One of the following documents must be presented:*

- Certificate of Marriage
- Birth Certificate
- Notice of Dissolution of Marriage, or decree absolute
- Certificate of Change of Name
- Notice of use of double surname (apply to the provincial Director of Vital Statistics)
- SIN Number
- Driver's License

***Please DO NOT send original documents by mail.** A photocopy of the original is acceptable and can be faxed or emailed. Presented original documents will be returned to you after a copy has been taken.

Student or Staff Barcode (if known):																			
<input type="checkbox"/> Current Student		<input type="checkbox"/> Alumni		<input type="checkbox"/> Staff		<input type="checkbox"/> Other: _____													
Current Name on Record (<i>Last, First, Middle</i>)																<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____			
Spouse's Name (if applicable):																			
Change Name to (<i>Last, First, Middle</i>)																<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____			
CONTACT INFORMATION																			
Address				City				Prov				Postal Code							
Email Address:								Phone:											
Signature												Date							
<small>Briercrest College and Seminary collects and creates information about students ("personal information") under the authority of the Briercrest College and Seminary Act and in accordance with The Local Authority Freedom of Information and Protection of Privacy Act and the Personal Information Protection & Electronic Documents Act, for purposes of admission, registration, and other decisions on students' academic status, and the administration of Briercrest College and Seminary and its programs and services. Some of this information may be disclosed for alumni relations, and will be reported as required by federal or provincial authority. By enrolling in courses at Briercrest College and Seminary, students consent to the collection, use, and disclosure of personal information as described above.</small>																			