



STUDENT LEGAL NAME CHANGE REQUEST FORM

Requests must be submitted with government issued photo ID confirming your legal name.*

SECTION A – CURRENT INFORMATION as it appears on Mohawk’s records

ID #:	DATE OF BIRTH: You must be over 18 years of age, or have parental consent, to change your name.
LAST NAME:	
FIRST NAME:	MIDDLE NAME(s):

Student's Signature:	Date:
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SECTION B – CHANGE OF LEGAL NAME

LAST NAME:	
FIRST NAME:	MIDDLE NAME(s):
GENDER (Optional):	PREFIX (Optional):

I would like Mohawk College to update my email address with my new legal name, Yes No

Student Signature: _____

I acknowledge that Mohawk College will update all records with my new legal name; specifically, transcript, credential, T2202, student information system, ID Card, portal and learning platform.

Yes No Student Signature: _____

NOTE: Name change requests must be accompanied by government issued identification/documentation.

*Legal Name Change requests sent by email, fax or mail must include a certified copy that has been attested by a Guarantor. Guarantors include those who are acceptable Guarantors for obtaining or renewing a Canadian passport.

Updates to address and phone numbers can be done through Self-Service on MyMohawk.

FOR OFFICE USE ONLY:

Staff Signature:	Type of documentation provided:	Date:
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The Square at Fennell, IAHS, or Stoney Creek Campus
 Mailing Address: Mohawk College, 135 Fennell Ave. West, Hamilton, ON, L9C 0E5
 Phone 1-844-767-6871