

msvu.ca

## Change of Name and/or Address

Last Name

Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498 registration@msvu.ca

Please complete th	ne form and return to the Registrar's (	Office.		
Student ID#	Last Name	First Name(s)		
Mount Email Addre	ess			
Change of Name S	ection			

Original Name:

Your name is originally recorded in your university student record as it was submitted on your application for admission. Your request to change your name officially in your record must be accompanied by legal documentation confirming your change of name (marriage certificate, court order, birth certificate, passport, valid driver's license, etc).

First Name(s)

ew Name:  Last Name  n your documentation)			First Name(s)	
Change of Address Secti	ion			
lome/Permanent Addre	ess: Apartment/St	reet		
	Province	Postal Code	() Home Phone Number	() Cell Phone Number
ocal Address: address while attending lasses, if different from ab	Apartment/St	reet		n/City
iasses, ii umerent nom at	Province	Postal Code	() Home Phone Number	()_ Cell Phone Number

Mount Saint Vincent University abides by the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Freedom of Information and Protection of Privacy (FOIPOP) Act. For further information on these acts, please refer to the University Academic Calendars.