



# Change of name form

Documentary evidence must be supplied (i.e. Marriage certificate, certificate of change of name, driver's license, passport)

Student number: \_\_\_\_\_

## CURRENT DETAILS

Mr  Mrs  Miss  Ms  Dr  Other

Family Name or Surname: \_\_\_\_\_

First Given Name: \_\_\_\_\_

Other Given Names: \_\_\_\_\_

## NEW/CORRECT DETAILS

Mr  Mrs  Miss  Ms  Dr  Other

Family Name or Surname: \_\_\_\_\_

First Given Name: \_\_\_\_\_

Other Given Names: \_\_\_\_\_

Preferred Given Name: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPROVAL

Signed: \_\_\_\_\_  
Director/Deputy Director

Date: \_\_\_\_\_

## OFFICE USE ONLY

iManage: Input: \_\_\_\_\_ Date: \_\_\_\_\_

AMIS: Input: \_\_\_\_\_ Date: \_\_\_\_\_