

Student Preferred Name and/or Gender Change Request Form

Requests must be received in the Registrar's Office by either emailing to StudentRecords@conestogac.on.ca or send by fax to: 519-895-1097. You must include a copy of government issued photo ID matching your name as it currently appears in Conestoga's records.

SECTION A - CURRENT INFORMATION as it appears on Conestoga's records	
ID #:	DATE OF BIRTH:
LAST NAME:	
FIRST NAME:	MIDDLE NAME(s):

SECTION B - PREFERRED FIRST NAME (section does not need to be completed if no change is required)
PREFERRED FIRST NAME:
I want all college records to be updated with my preferred name: i.e. student information system(The Student Record), email, OneCard ID, student portal and learning platform: <p style="text-align: right;"> <input type="radio"/> Yes <input type="radio"/> No Initial _____ </p>
External institutions may not recognize or accept a preferred name for legal purposes. These institutions include, but may not be limited to: OSAP, banks, RESP providers, passport offices, potential work placements and employers, educational institutions, licensing bodies, Revenue Canada, health insurance providers and police (required for some courses and/or placements).
I understand that inconsistency between the preferred name used by Conestoga College and the name used by external organizations may cause unexpected difficulty and it is solely my responsibility to resolve such discrepancies. <p style="text-align: right;">Initial _____</p>

SECTION B - PREFERRED GENDER CHANGE REQUEST (section does not need to be completed if no change is required)	
GENDER:	PREFIX:
I want all college records to be updated with the specified gender information change request: i.e. student information system(The Student Record), email, OneCard ID, student portal and learning platform: <p style="text-align: right;"> <input type="radio"/> Yes <input type="radio"/> No Initial _____ </p>	

NOTE:

- This form cannot be used to change your surname. This form does not legally change your name but will change your name in the Conestoga College student records system. To change your legal name, a 'Legal Name Change Request Form' must be completed. Government issued photo ID with your new name(s) is required.
- The College will retain records of all given names as a part of the Registrar Office's records.

I have read, understood and accept the terms indicated on this request with respect to the use of my preferred first name and gender change request I hereby agree as follows:

- **TO WAIVE ANY AND ALL CLAIMS** that I have, or may in the future have, against Conestoga College and its management, employees, students, agents and representatives (all of whom are hereinafter collectively referred to as "The Releasers") as a result of the change of my given first name and or gender.
- **TO HOLD HARMLESS AND INDEMNIFY THE RELEASERS** from any and all liability for any claims by any third party, resulting from the change of my given first name and or gender.
- **THIS AGREEMENT SHALL** be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;

I have read and accept the terms of the change of my Given Name to my Preferred Name and or my change in gender at Conestoga College.

APPLICANT'S SIGNATURE: (to be witnessed by staff member)	DATE:
WITNESS' SIGNATURE:	DATE:

This form must be fully completed and signed before Conestoga can proceed with your request.

Conestoga College is committed to respecting your privacy and protecting your personal information. In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, R.S.O 1990, c. F.31, this is to advise you that your personal information is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada, including but not limited to, tabulating and reporting data on Key Performance Indicators (graduation rate, graduate employment, graduate satisfaction and employer satisfaction). Students may also be contacted by ministry or college authorized third parties for your voluntary participation in surveys to evaluate student and graduate experience and outcomes. Further information on how the Minister of Training, Colleges and Universities uses this personal information is available on the ministry's website.

FOR OFFICE USE ONLY:	
<input type="checkbox"/> Attach copy of photo identification provided <input type="checkbox"/> Update SIS <input type="checkbox"/> Contact I.T. to change e-mail address; portal, learning platform, etc. <input type="checkbox"/> Provide letter for new I.D. card to be issued <input type="checkbox"/> Print new class lists if semester classes have started	Staff Signature:
Effective Date and Term for name change:	Date: