



Personal Information Change Form

Please notify us when your address changes.

Do you wish to update your OSAP Record? Yes No

If yes please provide your Social Insurance Number: _____

Please Print Clearly:

Student Number: _____ OEN (if known): _____

Current Date: _____

Effective Date: _____

Legal Surname: _____ Legal First Name: _____

Legal Middle Name: _____

Please change applicable information below:

Name Change: Name changes require two (2) pieces of government-issued documentation which must be presented to the Registrar's Office.

To (New): _____

From (Old): _____

Marital Status: Single Married Separated Divorced

Title Code: Mr. Mrs. Miss. Ms.

New/Permanent Address:

(Apt. # and Street Address): _____

City: _____

Province: _____ Postal Code _____

Telephone Number: _____

Signature of Student: _____

Please submit this form to the Registrar's Office at the Doon or Cambridge Campus.
TTY: 866-463-4484 (for the hearing impaired)