



MT 116, 2500 University Dr. NW Calgary, AB, T2N 1N4 T: +1-403-210-7625 W: ucalgary.ca/registrar

Change of Name

Statutory Declaration

The University of Calgary is committed to the integrity of its student records. Any requests to change a name, by means of alteration, deletion, substitution, or addition must be accompanied by appropriate supporting documentation. Students who do not have proof of their legal name may still update their legal name on file by completing this statutory declaration. Our full names policy is available at: https://www.ucalgary.ca/registrar/student-centre/updating-personal-information

CURRENT STUDENT INI	FORMATION		
ast Name (as it currently ap	opears)	First Name (as it currently appears)	Middle Name
JCID#		UCalgary Email	Date of Birth
			d d m m y y y
UPDATED STUDENT IN	EORMATION		
ast Name (new)	ONWATION	First Name (new)	Middle Name
STATUTORY DECLARAT	ION		'
I,			
	Legal First Name	Legal Middle Name	Legal Last Name
UCID#		of the city of	in the province of
Stu	udent Number	City of declaration	
do solemnly declare the	nat:		
• I am known or wis	sh to be known by the n	ame listed in Section B above.	
 I am requesting th 	at the name listed in Se	ection B above be updated on my University of	of Calgary student record.
I do not have in m	y possession document	(s) that show the name listed in section B abo	ove as my legal name.
			entation will change my name for University of
Calgary student re	-	a statutory accidination as supporting accum	citation will change my name for oniversity or
			hat in a saciate maior best was a than many and many
			hat inconsistencies between the name on my
		the name used by external organizations may	
And I make this solen	nn declaration conscien	itiously believing it to be true and knowing th	nat it is of the same force and effect as if made
under oath or affirma	ation. I understand that	t making a false statement on this form will re	esult in referral to the Student Conduct Office for
adjudication under th	ne Student Non-Academ	nic Misconduct Policy and may result in liabili	ty under the criminal code.
		no moderna de la constanta de	cy and or the oriminal obact
Deponent's Signature (m	ust be signed before com	missioner)	
Declared before me	e at the City of	in the Provin	ce of
this day of		20	
triis day or			
		Please af	fix stamp/seal below
			na stamp, sear below
Commissioner for Oath	s (Signature)		
Name: (please print)			
Telephone Number			nt Expiry Date
relephone Number		Appointmei	ni Expiry Date