CHANGE OF INFORMATION FORM

The Registrar's Office
info@stmu.ca
Administration Building, 1st Floor

SECTION 1: To be completed by the student – Current Information										
STUDENT INFORMATION										
Student ID #	0	0	0	0						
Current Last Name									Current First Name	
Current Middle Name									Current Program of Study *(e.g., 4-year Bachelor of Arts, Major in English)*	
This is a change of ❍ Name (Fill out Section 2) ❍ Contact Information (Fill out Section 3)										

SECTION 2: Updated Name Information		
Legal Last Name	Legal First Name	Legal Middle Name
Preferred Last Name	Preferred First Name	Preferred Middle Name

Please attach copies of documentation indicating an official change of name. Ex. Drivers License, Passport.

SECTION 3: Updated Contact Information		
Updated Street Address		
City	Province	Postal Code
Updated Phone Number(s)		
Updated Email Address		

Student Signature_____ Date_____

SECTION 4: To be completed by the Enrolment Services Officer	
Date Received	Approved ❍ Denied ❍
Date Processed	Staff Initials
Notes	

Privacy Statement:
The personal information collected on this form will be used for the purpose of providing services to students and maintaining student records. The information is collected, used, disclosed and protected in accordance with Alberta's Personal Information Protection Act and St. Mary's University Privacy Policy. If you have any questions about the collection and use of this information, contact the Privacy Officer at 403.254.3132 or privacy@stmu.ca.
Revised August 2026