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## NAME CHANGE REQUEST FORM

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Name of Member Currently Listed:

AP, SP, or IAP Certificate Number:

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### NAME CHANGE TYPE (SELECT ONE):

- |  |   |
|--|---|
| <input type="checkbox"/> Change of Surname                 | <input type="checkbox"/> Complete Name Change   |
| <input type="checkbox"/> Alteration to Spelling of Name(s) | <input type="checkbox"/> Removal of Middle Name |
| <input type="checkbox"/> Addition of Middle Name           |   |
| <input type="checkbox"/> Other:                            | <input type="text"/>                            |

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### DOCUMENT(S) ENCLOSED:

- |   |  |
|---|--|
| <input type="checkbox"/> Marriage Certificate                     | <input type="checkbox"/> Joint Declaration of Conjugal Relationship  |
| <input type="checkbox"/> Death Certificate of Spouse              |  |
| <input type="checkbox"/> Notarized Letter/Name Change Certificate | <input type="checkbox"/> Divorce Papers/Divorce Order/Certificate of Divorce/Decree Nisi/Annulment Certificate |
| <input type="checkbox"/> Other:                                   | <input type="text"/>   |

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New Legal Name as Reflected in the appropriate documentation above:

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I certify that the statements in this request form are true, complete, and correct. I understand that both my previous legal name and new legal name will appear in the Public Register in the College website.

Signature

Date