

REQUEST FOR CHANGE OF CHOSEN OR LEGAL NAME AND/OR GENDER IDENTIFIER

I am requesting :				
Chosen Name Change] Legal Name Change Gend	er Identifier Change		
University Member Info	rmation			
Student or Employee Number		Lakehead Em	ail	
Telephone Number		Date		
Legal Name on File				
Title (Mr., Mrs., Ms.)		First Name		
Middle Name		Last Name		
New Chosen or Legal N	lame and Gender Identifier			
Title (Mr., Mrs., Ms., Mx, Dr., etc.)		First Name		
Middle Name		Last Name		
Gender Identifier (leave blank if not making gender request)	□ Male □ Female □ Other Gender Identity	_	official academ	espondence and ernally for
Have you submitted an	Intent to Graduate?			
Yes No Not Applicable				
Do you want your pending degree/diploma parchment to reflect your new name?				
Yes	No Not Applicable			
*Students: Please note that future employers, licensing bodies, or other educational institutions may require proof that the transcripts and diplomas are the legitimate academic records of the individual submitting them. The student may encounter issues if the name on their records/transcripts do not bear their legal name. It is the sole responsibility of the student or graduate to resolve or deal with issues resulting from a name change. Along with this form, please attach to the e-mail a photo of identification to the appropriate department listed below to authenticate that you are the same person making the request.				
For Office Use Only	Documentation Present	BIO Updated	Grad File Updated	Date

Personal information on this form is collected under the general authority of the Act Respecting Lakehead University and may be used to alter student registration. Submissions and any questions on this collection should be directed to: (for students) Enrolment Services, Lakehead University, 955 Oliver Road, Thunder Bay, Ontario Canada P7B 5E1; Email: studentcentral@lakeheadu.ca; (for staff and faculty) humanres@lakeheadu.ca; (for alumnus/alumna and donors) external.relations@lakeheadu.ca