

Office of the Registrar

3377 Bayview Avenue, Toronto, ON, M2M 3S4

Tel: 416.226.6620 ext.6711 • Fax: 416.226.4210

 Email: registration@tyndale.ca • Webpage: www.tyndale.ca/registrar

- Students are required to submit the *Name Change Request Form* to make any changes to their current name on record at Tyndale University.
- Acceptable documentation must be provided along with this form.
- Only current students may change or update their names on record.
- Students can check their current personal information in the system by logging in at classes.tyndale.ca.

A. Personal Information

Student Number: _____ Date of Birth (mm/dd/yyyy): _____

Email (not MyTyndale): _____ Daytime Phone: _____

B. Documentation Required (select one)

- | | |
|---|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Permanent Resident Card / Canadian Citizenship Card |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Ontario Photo Card |

C. Legal Name (please print clearly)
Current Name on Record:

First Name: _____

Middle Name(s): _____

Last Name: _____

Requested Name Change (according to documentation provided):

First Name: _____

Middle Name(s): _____

Last Name: _____

****By signing below, I confirm that the information provided above is accurate and true.***

STUDENT SIGNATURE: _____

DATE: _____

OFFICE OF THE REGISTRAR'S USE ONLY:

Received on:	Supporting documents verified by and on:
	Registration Officer:
	Changes made to: <input type="checkbox"/> EX By: Date: