



OFFICE OF THE REGISTRAR

## Student Name Change Request

In order for your student record to be updated, you must present this form, a current photo ID, and one of the required documents listed below to a Columbia College employee. If this form and the required legal documentation cannot be presented in person to a Columbia College employee, it will be necessary to have this form notarized. The notarized form and a copy of the original document should be sent to:

**Office of the Registrar**  
ATTN: Student Records  
1001 Rogers Street  
Columbia, Missouri 65216

**IMPORTANT: Please note that changing your name will also change your CougarTrack User ID and password. Once your name change has been processed, you must reactivate your login under the *First Time Users* heading in CougarTrack. If you are currently enrolled, you must notify your instructors of this change.**

I am a current or former employee of Columbia College:  YES  NO

### Student Information

Student ID #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### FORMER Legal Full Name (please print):

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Maiden name (if applicable): \_\_\_\_\_  
Former names used: \_\_\_\_\_

### NEW Legal Full Name (please print):

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Campus Location:  Day  Evening  Online  Nationwide (specify location): \_\_\_\_\_

### Please select the original legal document presented as proof of name change: (Required-one of the following)

- Certificate of marriage
- Certified copy of a court order
- Dissolution of marriage or divorce decree stating new name

I certify that any copy of a document provided is a true copy, and that the information provided accurately reflects my former name(s), as well as my current name. I understand that my CougarTrack User ID will change and that I will be required to activate my new account. It is my responsibility to notify my current instructors of this change.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REQUIRED: One of the following signatures:

CC employee verifying the above: \_\_\_\_\_ Date: \_\_\_\_\_

OR

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ .

Notary Public \_\_\_\_\_