

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 can be mailed or emailed to:

Office of the Registrar

1001 Rogers Street

Columbia, Missouri 65216

Email to: registrar@ccis.edu

Questions should be directed to: registrar@ccis.edu or (800) 231-2391 ext. 7526

IMPORTANT: Please note that changing your name will also change your college user name and password. Once your name change has been processed, you must reactivate your login under the *First Time Users* heading in myPortal. 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 #: _____ 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: _____

Please provide a copy of the original legal document 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 college user name 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. **NOTE:** *Electronic signature accepted only when submitting from your college email account.*

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 _____