

# CHANGE OF NAME

<b>Student Identification Number</b>	
<b>Contact phone number(s)</b>	
<b>Name currently held in ACPE records (as shown on your ACPE ID card or academic transcript).</b>	
<b>Current Title</b>	
<b>Current Surname</b>	
<b>Current Given Name(s)</b>	
<b>Your New Name (please print clearly)</b>	
<b>Title</b>	
<b>Surname</b>	
<b>Given Name(s)</b>	
<b>Reason for change of name</b>	
<b>Official documentary evidence must be provided. Please attach a certified copy of the document.</b>	
<b>Document provided:</b>	
<input type="checkbox"/> Deed Poll <input type="checkbox"/> Birth certificate <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Passport	

I request that the above changes be made on the ACPE Records.

**Student's Signature:**

**Date**

**Staff member to sign below and attach a copy if student brings original document.**

Original documentary evidence sighted by: \_\_\_\_\_ Date: \_\_\_\_\_