



NAME CHANGE PETITION

SUBMIT TO: ENROLLMENT SERVICES
EDMONDS COLLEGE
20000 68TH AVENUE W
LYNNWOOD, WA 98036

You **must submit** this completed form along with document(s) that show your new name:

- State-issued photo ID, former ID, valid passport that reflects your old and new name **(REQUIRED)**
- A **certified** copy of court order or other legal marriage certificate or a dissolution decree reflecting the new name in full.
- Other _____

ctcLink ID/SSN:	DATE OF BIRTH:
EMAIL:	LAST TERM/YEAR ENROLLED:

CHANGE NAME FROM:

(Old first name)	(Old middle name)	(Old last name/surname)
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TO: (NEW NAME)

(New first name)	(New middle name)	(New last name/surname)
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By submitting this request, you understand that your name will be changed on your official records at Edmonds College. This may impact future records requests, Financial Aid or other areas connected to your records and/or identity.

Your signature: _____ Date: _____

OFFICE USE ONLY:

Date Received: _____ Initial: _____ Documents: _____
Processed by: _____ Date: _____
Screens: ctcLink Names, Google sheets-Student Bio Change