

Name Change Request

SECTION A: Student Information

Pasco, WA 99301

Please only use the spaces provided.

	•			
PREVIOUS NAME		NEW NAME		
Last name (Legal)	First name (Legal) M.I.	Last name (Legal)	First name (Legal) M.I.	
	This example uses all 22 digits av	ailable - Lopez-Garcia Lupe G JR		
STUDENT IDENTIFICATION NUMBER				
SECTION B: Supporting Documentation				
Please attach a copy of the following documents:				
☐ Driver's License with new name				
AND one of the following:				
	Driver's License	with previous name		
	Marriage License	1		
	Court Document			
Student signature:		Date		
Student Signature:		Date. ₋		
SECTION C: Where to	Submit			

Mail:In Person:Email:Student RecordsHawk Centralrecords@columbiabasin.eduColumbia Basin CollegeH Building2600 N. 20th Avenue, MS-H4Pasco Campus

Office Use Only:			
Task:	Initials/Date:		
Data Input SM20	01/		
Make New Label			