



Name Change Request

SECTION A: Student Information

Name: _____
Last Name (Legal) _____ First (Legal) _____ M.I. _____

Previous Name(s) Used: _____

New Name: _____
Last Name (Legal) _____ First (Legal) _____ M.I. _____

_____ - _____ - _____
STUDENT IDENTIFICATION NUMBER

SECTION B: Supporting Documentation

Please include one item from list 1 and 2 below and attach them to your request. These documents must be submitted with the request.

LIST 1 - Current/Previous Name
(Attach one):

- Driver's License
- State-Issued Photo ID
- Passport
- Marriage License
- Divorce Decree
- Adoption Paperwork
- Court Document
- Other Legal Document

LIST 2 - New Name
(Attach one):

- Driver's License
- State-Issued Photo ID
- Passport
- Marriage License
- Divorce Decree
- Adoption Paperwork
- Court Document
- Other Legal Document

I am requesting that my name be updated on my official records. I certify that the information I have provided is accurate and complete.

Student Signature: _____ Date: _____

SECTION C: Where to Submit

Mail:

Student Records
Columbia Basin College
2600 N. 20th Avenue, MS-H4
Pasco, WA 99301

In Person:

Hawk Central
H Building
Pasco Campus

Email:

records@columbiabasin.edu

Office Use Only:

Processor Initials: _____ Date Updated: _____