



LEGAL NAME CHANGE REQUEST FORM

COCC ID Number: _____ Phone number: _____ Date of Birth: _____

Change Name FROM:

Last: _____ First: _____ Middle: _____

Change Name TO:

Last: _____ First: _____ Middle: _____

Reason: _____

___ Check here if you are (or were) employed by Central Oregon Community College

Please attach a copy of the following (required for processing):

Valid photo identification, examples: passport, Oregon driver's license, military identification card, alien registration receipt card (with photograph), or photo identification cards issued by government or tribal agencies.

AND

Official name change document, examples: divorce decree, marriage license, court authorized change of name, immigration documents, etc.

This form and attachments can be submitted either in person to Enrollment Services at any COCC Campus, via fax (541-318-3700) or via email (welcome@cocc.edu). **Please note, this form cannot be processed without copies of both documents attached.**

___ I would like my COCC email address changed to reflect the above name change and understand the following:

- My current email address will terminate and it is my responsibility to inform all contacts of this change.
- All information and data from my previous email address will remain in the account. If I see any problems in my COCC email account (missing files, etc.), it is my responsibility to work with a lab attendant in a COCC Drop-In Lab to resolve these situations.
- COCC Admissions will contact me via my personal email once the email change has been made. Please allow 7-10 business days.

___ I would **not** like my COCC email address changed to reflect the above name change. It is my responsibility to inform my instructors if my email address does not match my new name on rosters and/or in Blackboard.

My signature below attest that my request is valid and that I have read and understand the above information.

Student Signature

Date