



Red Deer College
 100 College Blvd.
 Box 5005
 Red Deer, Alberta
 CANADA T4N 5H5
 Telephone: 403.342.3300
 Web-site: www.rdc.ab.ca

PERSONAL DATA UPDATE REGISTRAR

The personal information that you provide on this form is being collected under the authority of the Post-Secondary Learning Act, the Freedom of Information and Protection of Privacy Act of Alberta, the Statistics Act (Canada) and the Taxation Act (Canada). It will be used to update your personal data in order to accurately process, report and distribute information about College programs and services. The information will form part of your student record and will be distributed to the relevant academic and administrative departments for the purpose of registration, operation of Red Deer College programs and services, providing tax receipts, determining eligibility for scholarships and awards, graduation, distributing follow-up educational information, College research and College alumni programming. In addition, specific elements of information will be disclosed to the federal/provincial governments and other cooperating educational, funding and workplace agencies in accordance with contractual agreements to meet reporting requirements and to the Students' Association of Red Deer College. The information will be retained in accordance with approved Information Management guidelines, after which it will be destroyed in a secure manner. If you have any questions about the collection and use of this personal information, please contact the Registrar, Red Deer College, 100 College Blvd., Box 5005, Red Deer, Alberta T4N 5H5, Telephone: 403.342.3300.

PERSONAL INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.			STUDENT ID #
LEGAL LAST NAME	FIRST NAME	MIDDLE NAME	
PREFERRED FIRST NAME	ALL FORMER NAMES		
CURRENT MARITAL STATUS (Please check <input checked="" type="checkbox"/> one box only)			
<input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married <input type="checkbox"/> Other		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	

INFORMATION UPDATE

CHANGE NAME TO:

Documentation Attached

NOTE: Change of name MUST be accompanied by official documentation (Marriage Certificate, Birth Certificate, etc.)

LAST NAME	FIRST NAME	MIDDLE NAME
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CHANGE EMERGENCY CONTACT TO:

LAST NAME	FIRST NAME	MIDDLE NAME
CONTACT PHONE NUMBER	RELATIONSHIP	

CHANGE PERMANENT ADDRESS TO:

ADDRESS			
CITY	PROVINCE	POSTAL CODE	COUNTRY
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	EMAIL ADDRESS	

CHANGE MAILING ADDRESS TO:

ADDRESS			
CITY	PROVINCE	POSTAL CODE	COUNTRY
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	EMAIL ADDRESS	

AUTHORIZATION

I certify that the information provided is true and complete in all aspects and that no information has been withheld.

SIGNATURE	DATE (YYYY/MM/DD)
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FOR OFFICE USE ONLY

INPUT DATE (YYYY/MM/DD)	INITIALS
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