



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 on this form is collected under the authority of the Post-secondary Learning Act of Alberta, the Freedom of Information and Protection of Privacy Act of Alberta (FOIP), the Statistics Act of Canada and the Income Tax Act of Canada. The information will be protected in compliance with FOIP used by the Office of the Registrar to be used to update your personal data in order to accurately process, report and distribute information about current and future programs; collecting transcripts; administering records, scholarships and awards; providing student services; and for alumni relations and fundraising. The personal information may be disclosed to academic and administrative units for College planning and research activities; federal and provincial agencies for reporting requirements; contracted or public health care providers, including collaborative educational, funding, and workplace agencies as required; and the Student's Association of Red Deer College through data sharing agreements. The information will be retained in accordance with approved Information Management guidelines. 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: 403.342.3400.

PERSONAL INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME
PREFERRED FIRST NAME		STUDENT ID #
ALL FORMER LEGAL NAMES		

CHANGE LEGAL NAME TO:

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME
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CHANGE GENDER TO:

Male
 Female
 Prefer not to Identify

Government issued documentation provided

NOTE: Where possible, changes to legal name, marital status and/or gender should be accompanied by government issued documentation (Marriage Certificate, Birth Certificate, etc.)

CHANGE EMERGENCY CONTACT TO:

LAST NAME	FIRST NAME	MIDDLE NAME
CONTACT PHONE NUMBER		RELATIONSHIP

CHANGE PERMANENT ADDRESS TO:

ADDRESS			
CITY	PROVINCE	POSTAL CODE	COUNTRY
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	EMAIL ADDRESS	

CHANGE MAILING ADDRESS TO:

ADDRESS			
CITY	PROVINCE	POSTAL CODE	COUNTRY
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	EMAIL ADDRESS	

AUTHORIZATION

I understand that it is my responsibility to resolve conflicts with my personal information that occur with government agencies as a result of a change to my legal name, marital status and/or gender.	
SIGNATURE	DATE (YYYY/MM/DD)

FOR OFFICE USE ONLY	
INPUT DATE (YYYY/MM/DD)	INITIALS

