



CLARENCE FITZROY BRYANT COLLEGE
CHANGE OF NAME AND ADDRESS FORM

Instructions: This form is to be submitted by the student to declare a change of name for academic record purposes. Original or certified legal documentation must be submitted along with this form. Please allow five business days for processing of a name change.

Reason for Change and Documentation: Please select from the following reasons and if applicable submit original or certified copy of legal documentation to support your request. When requesting a name change, legal documentation may include a birth certificate, passport court or other legal documents.

- | | |
|--|--|
| <input type="checkbox"/> Change of: First, Middle, Last Name | <input type="checkbox"/> Naturalization |
| <input type="checkbox"/> Court Order | <input type="checkbox"/> Change of contact information |
| Marriage <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> Divorce | |

Student ID _____ Date of Birth _____ (dd/mm/yyyy)

Programme _____ Year of study 1 2 3 4 5

Current Information on Record

Last _____ First _____ Middle _____

Address _____

Telephone No. _____ Email: _____

AND/ OR CONTACT INFORMATION

Last _____ First _____ Middle _____

Address _____

Telephone No. _____ Email: _____

By signing, I certify that this declaration is made for purposes of my academic record and that I intend to use this name consistently for these purposes at CFB College.

Student Signature _____ Date: _____ (dd/mm/yyyy)

Please sign and submit your completed form and documentation in person to the Registrar's Office at the Main Campus, Burdon Street, Basseterre, St. Kitts.

Please allow 5 business days for processing of a name change. Once changed, you may view your name online on your bio page in your cfbcsonis account. To have your CFBC email and username/ ID updated to reflect this name change, please contact the IT helpdesk at 869-465-2856 or it@cfbc.edu.kn.

Date received: _____ Date processed: _____

Signature of Staff: _____