

Student Identification Number	
Contact phone number(s)	
Name currently held in ACPE records (as shown on your ACPE ID card or academic transcript).	
Current Title	
Current Surname	
Current Given Name(s)	
Your New Name (please print clearly)	
Title	
Surname	
Given Name(s)	
Reason for change of name	
Official documentary evidence must be provided. Please attach a certified copy of the document.	
Document provided:	
<input type="checkbox"/> Deed Poll <input type="checkbox"/> Birth certificate <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Passport	

I request that the above changes be made on the ACPE Records.

Student's Signature:

Date

Staff member to sign below and attach a copy if student brings original document.

Original documentary evidence sighted by: _____ Date: _____