

Student Change of Name Form/ Preferred Name Form

Registration and Enrollment Services
Phone: 928-226-4299
Fax: 928-226-4033
Email: enrollment.services@coconino.edu

@ ID or Comet ID:		Birthdate: (MM/DD/YYYY)	
NAME CURRENTLY ON RECORDS			
Last Name:	First Name:	Middle Name:	Suffix:
Address:		City:	State:
Phone Number:	Personal Email:	CCC Student Email Address:	

PREFERRED FIRST NAME REQUESTED	First Name:
<i>I understand that a preferred first name will not appear in all locations on my student record and that most records require that legal name be displayed.</i>	
Signature (Required):	Date:

LEGAL NAME CHANGE REQUESTED			
Last Name:	First Name:	Middle Name:	Suffix:
<i>I certify that all the information supplied by me on this application is correct and complete. I also understand that any misrepresentation or falsification is sufficient cause for reversal of a name change.</i>			
Signature (Required):			Date:

Instructions for Legal Name Changes Only

To help protect students from identity theft or inappropriate access, each name change request requires, at a minimum, two different forms of documentation, one of which must be picture identification. Additional documentation may be requested for some name changes, such as when completely new first and/or last names are requested.

Instructions

1. All requests require:
 - a. Student's signature
 - b. Copy of government issued photo identification.
 - c. A copy of one of the following documents verifying the name change:

<input type="checkbox"/> Marriage License	<input type="checkbox"/> Adoption Papers	<input type="checkbox"/> Court Order	<input type="checkbox"/> Certificate Divorce Decree
---	--	--------------------------------------	---

2. All requests from foreign passport and permanent resident card holders also require a copy of the requestor's foreign passport or permanent resident card.

If submitted electronically, requests must be submitted via the Registration Secure Upload (<https://www.coconino.edu/upload>) . Printed and signed forms and documentation can be submitted in person or physically mailed at/to any of our campuses. You will be notified by email once we have completed the name change or if we are unable to complete the name change.

Registration and Enrollment Services		
Lone Tree Campus 2800 S. Lone Tree Road Flagstaff, AZ 86005 928-527-1222	Fourth Street Campus 3000 N. Fourth St. Flagstaff, AZ 86004 928-526-7600	Page Instructional Site 475 S. Lake Powell Blvd. Page, AZ 86040 928-645-3987

Office Use Only	
Entered by:	Date: