



NAME CHANGE PETITION

SUBMIT TO: ENROLLMENT SERVICES-LYNNWOOD HALL
20000 68TH AVENUE W
LYNNWOOD, WA 98036

You must complete this form along with document(s) that show your new name (see copies attached):

- State-issued photo ID (**REQUIRED**)
- Original court or other legal documents (notarized copies acceptable)
- Other _____

STUDENT ID NUMBER/SSN:	DATE OF BIRTH:
PHONE NUMBER:	LAST QUARTER/YEAR ENROLLED:

CHANGE NAME FROM:

NAME (Last, first, middle)

TO: (NEW NAME)

NAME (Last, first, middle)

By submitting this request, you understand that your name will be changed on your official records at Edmonds Community College. This may impact future records requests, Financial Aid or other areas connected to your records and/or identity.

Your signature: _____ Date: _____

OFFICE USE ONLY:

Date Received: _____ Initial: _____ Documents: _____
 Processed by: _____ Date: _____
 Screens: SM2001, Google sheets-Student Bio Change