

STUDENT RECORD NAME CHANGE REQUEST

Central Wyoming College

Please Fill In All Requested Information Neatly and Completely

Must be accompanied by acceptable legal documentation as defined below.

| | | |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| CWC ID# or Social Security Number | Birth date: / / | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |
| Are you a CURRENT CWC employee? <input type="checkbox"/> YES <input type="checkbox"/> NO | Have you previously been employed by CWC in any capacity [work-study, non-benefitted or benefitted positions, etc.]? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Position/Title: | Department: | Position/Title: Department: |

CHANGE NAME TO: [This must match your supporting legal documentation.]

| | | |
|----------------------|--------|---------|
| Student's Last Name: | First: | Middle: |
|----------------------|--------|---------|

FROM:

| | | |
|----------------------|--------|---------|
| Student's Last Name: | First: | Middle: |
|----------------------|--------|---------|

REASON FOR CHANGE:

| | | | |
|-----------------------------------|----------------------------------|--------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Divorce | <input type="checkbox"/> Court Order | <input type="checkbox"/> Misspelling/Correction |
|-----------------------------------|----------------------------------|--------------------------------------|-------------------------------------------------|

CURRENT CONTACT INFORMATION

| | | | |
|-----------------------|--------------|-------|-----|
| Street or PO Box | City | State | Zip |
| Home Phone # | Cell Phone # | | |
| Primary Email Address | | | |

ACCEPTABLE LEGAL DOCUMENTATION

| | |
|-----------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Green Card or Visa for International Students |
|-----------------------------------------------|------------------------------------------------------------------------|

| | |
|-----------------------------|--------------|
| STUDENT'S SIGNATURE: | DATE: |
|-----------------------------|--------------|

FOR RECORDS OFFICE USE ONLY

| | |
|-----------------|-------|
| INPUT INITIALS: | DATE: |
|-----------------|-------|

An Important Note Regarding Name Changes

Access to your CWC E-Services

Your CWC e-services account username is based on your name at the time of your registration(student) / hire(staff). When you change your name, this does **NOT** change your CWC e-services username (or password).

If you decide you would like to also change your CWC e-services username, please contact the Chief Information Officer (or designee) so that s/he can discuss this with you and then schedule an appropriate time to make a username change with you.

To contact the CWC Chief Information Officer:

Name: John F. Wood
Email: cio@cw.edu
Phone: 307.855.2196