



CHANGE OF PERSONAL INFORMATION

PLEASE COMPLETE AND RETURN TO THE STUDENT SERVICES OFFICE

Student Name: _____

Student #: _____

Program: _____

Year: 1 2 3

Campus: _____

OLD INFORMATION:

Name: _____ Gender: Female Male

P.O. Box or Street Address: _____

City/Town and Province: _____

Postal Code: _____ Phone Number: _____

E-Mail Address: _____

CHANGE TO:

NEW INFORMATION: Please indicate the Address Type to be changed (if applicable): HOME (Permanent Address) MAILING (if different than HOME)

Name: _____

Gender: Female Male Non-Binary

P.O. Box or Street Address: _____

City/Town and Province: _____

Postal Code: _____ Phone Number: _____

E-Mail Address: _____

All requests for name change must be accompanied by official documentation (e.g. marriage certificate, legal name change documentation).

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to process your request and to update your academic record. It will only be used for this purpose. All personal information you provide may be disclosed to Admissions staff. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the College's Registrar at 709-643-0827. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Student Signature: _____

Date: _____