Toronto Metropolitan University

PERSONAL DATA CHANGE FORM

Office Use Only

Processed by | Date

Submit this completed, signed form and supporting documents to Student Records.

For detailed information and procedures, please refer to our website : https://www.torontomu.ca/current-students/personal-information/

Section A: Personal Information CURRENTLY on File (PLEASE PRINT)

TMU Student Number

Last Name

First Name(s)

Middle Name(s)/Initial(s)

Current Phone Number

Current Email Address

Section B: Reason for Personal Data Change (Check the applicable box)

Toronto Metropolitan University requires Photo ID **plus** at least one of the following documents (as indicated beside each reason) to support your identity and name.

- ◯ Correction or addition to your name and/or date of birth (Birth Certificate, Passport)
- ◯ Name change by marriage (Marriage Certificate)
- ◯ Return to maiden name (Birth Certificate, Certificate of Divorce, Change of Name Certificate)
- ◯ Official name change (Change of Name Certificate)
- ◯ Transitioning/gender identity & expression - **without** official name change (Student Records Statutory Declaration for Change of Name required). For more information visit https://torontomu.ca/current-students/personal-information/transitioning/

All requests to change your name for your graduation document must be submitted by the published deadlines dates.
See the current Undergraduate Calendar > Significant Dates: https://www.torontomu.ca/calendar/

Section C: Requested Amendment(s) to Name and/or Other Information

NOTE: Name and Date of Birth must match documentation submitted.

Complete only the field(s) you wish to change on your student record. All fields are optional. Note: if you have a chosen/preferred first name on your student record, that will not be updated based on this request.

Use upper and lower case letters, and include hyphens, periods, and spacing as required (e.g. “Manuela Ann-Marie D’Souza”). Please note: accents cannot be accomodated. Initials will be followed by a period (e.g. “Manuela A. D’Souza”) on the official record.

Last Name

First Name(s)

Prefix

Middle Name(s)/Initial(s)

Date of Birth

Day Month Year

Gender Identity

Gender is recorded for statistical purposes only, and is not disclosed on transcripts, graduation awards, or other university documents

- ◯ Male
- ◯ Female
- ◯ Another Gender Identity _____
- ◯ Prefer not to report

Marital Status

- ◯ Single, widowed, or divorced
- ◯ Married or separated

I confirm that I am the student as stated. The information provided is true and acurate in all respect.

Student Signature _____ **Date** _____

Remember to sign this form before submitting.

STUDENT RECORDS
POD 70, 350 Victoria Street, Toronto, Ontario, Canada M5B 2K3
https://www.torontomu.ca/registrar/ Tel: 416-979-5036

Reset

To learn about Toronto Metropolitan University Policy on the protection of
https://www.torontomu.ca/privacy