



CHANGE OF STUDENT NAME OR CONTACT INFORMATION

SASKATCHEWAN POLYTECHNIC
Moose Jaw Campus
Saskatchewan St and 6th Ave NW
PO Box 1420
Moose Jaw SK S6H 4R4
Fax 306-691-8578
RegInbox.Moosejaw@saskpolytech.ca

SASKATCHEWAN POLYTECHNIC
Prince Albert Campus,
Technical Building
1100 15th St E
Prince Albert SK S6V 7S4
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SASKATCHEWAN POLYTECHNIC
Regina Campus
4500 Wascana Pky
PO Box 556
Regina SK S4P 3A3
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SASKATCHEWAN POLYTECHNIC
Saskatoon Campus, Idylwyld Dr.
1130 Idylwyld Dr N
PO Box 1520
Saskatoon SK S7K 3R5
Fax 306-659-4067
RegInbox.Saskatoon@saskpolytech.ca

TO ENSURE YOUR STUDENT RECORD IS ACCURATE, YOU MUST NOTIFY SASKATCHEWAN POLYTECHNIC REGISTRATION SERVICES OF ANY CHANGE IN YOUR NAME OR CONTACT INFORMATION. ONCE NOTIFIED, WE WILL UPDATE YOUR RECORD ON OUR SYSTEM.

PREVIOUS LEGAL NAME AND/OR GENDER

Previous Legal Name (First, Middle, Last)		Date of Birth (Day, Month, Year)
Saskatchewan Polytechnic Student Number	Previous Gender (if applicable) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I previously identified as _____	

NEW LEGAL NAME AND/OR GENDER

New Legal Name (First, Middle, Last)	
New Gender (if applicable) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I prefer to identify as _____	Date of Change (Day, Month, Year)

PREVIOUS CONTACT INFORMATION

Surname (last name)		Saskatchewan Polytechnic Student Number	
First Name	Middle Name(s)	Apt. Number, Street, Box Number	
Date of Birth (Day, Month, Year)		City or Town	Province
Email	Country	Postal Code	
Telephone (Home) (Area code required)	Telephone (Business) (Area code required)	Telephone (Cell) (Area code required)	

NEW CONTACT INFORMATION

Current (contact while attending Saskatchewan Polytechnic) OR **Permanent** (used unless current information is also specified)

Apt. Number, Street, Box Number		
Email	City or Town	Province
Telephone (Home) (Area code required)	Country	Postal Code
	Telephone (Business) (Area code required)	Telephone (Cell) (Area code required)

STUDENT SIGNATURE

Signature *Your signature certifies that the information provided herein is true and correct

Date

SASKATCHEWAN POLYTECHNIC REGISTRATION SERVICES (OR REGIONAL COLLEGE DESIGNATE) SIGNATURE

Signature Received by

Date