

Name Change Request Form (Non -legal)

Sheridan Student #:

Date of Birth(mm/dd/yyyy):

Current Primary Name (as it appears on Sheridan's Registered Student Record:

Preferred Primary Name (first name only):

Preferred Gender:

I have read, understood and accept the terms indicated in the Student Information Policy with respect to the change of my personal information and I hereby agree as follows:

- ▶ TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against The Sheridan College Institute of Technology and Advanced Learning and its governors, officers, employees, students, agents and representatives (all of whom are hereinafter collectively referred to as "The Releasees") as a result of the change of my personal information as indicated above;
- ▶ TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any claims by any third party, resulting from the change of my personal information;
- ▶ THIS AGREEMENT SHALL be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;

I acknowledge that I am 18 years old or if under 18 years old, I have obtained parent/guardian consent as set out below.

Signature:

Date(mm/dd/yyyy):

Parent/Guardian Consent

I acknowledge that I have read, understood and agree to the above.

Parent or Guardian's Name:

Signature of Parent/Guardian:

Date (mm/dd/yyyy):