

Name Change Request

PRINT the name that is currently on your records at Kirkwood Community College:

First Name: _____ Middle Name: _____

Last Name: _____

K number: _____ Email address: _____

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

PRINT the new name you want placed on your records:

First Name: _____ Middle Name: _____

Last Name: _____

I hereby represent that all above information is true and accurate.

Signature: _____
(Sign in the presence of a Notary Public)

State of _____

County of _____

I hereby certify that on this _____ day of _____, 20_____

Personally appeared before me the signer and subject of the above form, who signed or attested to the same in my presence, and presented the following form of identification as proof of his or her identity:

- Driver's License or Government Identification Card
- U.S. Passport
- U.S. Military ID Card
- State Identification Card
- Social Security Card
- Birth Certificate
- Other: _____
(provide description)

Notary Public: _____

My Commission Expires: _____

Notary Public Signature: _____



Reserved for Notary Seal