**Change of Name Request – Student**

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| **Provider:** |  |
| **Diploma:** |  |
| **Run ID:** |  |
| **Student Name:** |  |
| **Date of Birth:** |  |
| **Existing Name:** |  |
| **New Name:** |  |
| **Reason for Request: (eg Spelling Error, Marriage/Divorce, Gender Transition)** |  |
| **Signature of Student:** |  |
| **Signature of approved provider representative (to confirm authorisation to change) and to confirm that the admin fee (£50.00) will be paid by the provider:** |  |
| **Date:** |  |
| **Provider to indicate which “original” evidence has been seen eg: Marriage Certificate.**  **Copy of evidence must be sent with this request.** |  |

**Certa Use Only**

Date Received: Approved by Head of Access to HE:

Date Processed :

Passed for Invoicing: Amount £