



## NAME CHANGE PETITION

SUBMIT TO: ENROLLMENT SERVICES  
EDMONDS COLLEGE  
20000 68<sup>TH</sup> AVENUE W  
LYNNWOOD, WA 98036

OR: registration@edmonds.edu

You **must submit** this completed form along with document(s) that show your new name:

- State-issued photo ID, former ID, valid passport that reflects your old and new name **(REQUIRED)**
- A **certified** copy of court order or other legal marriage certificate or a dissolution decree reflecting the new name in full.
- Other \_\_\_\_\_

<b>ctcLink ID/SSN:</b>	<b>DATE OF BIRTH (MM/DD/YYYY):</b>
<b>EMAIL:</b>	<b>LAST TERM/YEAR ENROLLED:</b>

### CHANGE NAME FROM:

(Old first name)	(Old middle name)	(Old last name/surname)
------------------	-------------------	-------------------------

### TO: (NEW NAME)

(New first name)	(New middle name)	(New last name/surname)
------------------	-------------------	-------------------------

By submitting this request, you understand that your name will be changed on your official records at Edmonds College. This may impact future records requests, Financial Aid, or other areas connected to your records and/or identity.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Initial: \_\_\_\_\_ Documents: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Processes:      ctcLink Names      Google sheets-Student Bio Change      Notified student

Nondiscrimination Statement: Edmonds College does not discriminate on the basis of race; color; national origin; sex; disability; age; religion; sexual orientation; citizenship, marital, or veteran status; or genetic information in its programs and activities. The following person has been designated to handle inquiries regarding nondiscrimination policies: Kathy Smith (Title IX and Section 504 Coordinator/Investigator); Clearview Building, Room 122B; kathy.smith@edmonds.edu, 425.640.1814.

Rev. 10/3/25