R@ck Valley College

Change of Name / Chosen Name Request Form

Records and Registration Office Phone: 815-921-4250 Fax: 815-921-4269 RVC-Records@rockvalleycollege.edu

Student ID#:	PHONE:			
	Choose one request: (A) Change My Legal with appropriate documentation to the Reco		(B) Request a Chosen First/Middle Name. Subagistration Office, 2 nd floor, SC.	nit this
(A) I I AM REOLIES	TING TO CHANGE MY LEGAL NAME.			
(Must attach any of the follow			esident Alien Card, State ID Card, Driver's License ralization Certificate)	or Social
FORMER LEGAL NAME:				
First Name	Middle Name or Initial		Last Name	
NEW LEGAL NAME:				
First Name	Middle Name or Initial		Last Name	
SIGNATURE:			DATE:	
	01) _		
First Name	Middle Name		Last Name	
CHOSEN/PREFERRED FII	RST and/or MIDDLE NAME:			
First Name	Middle Name		_	
community member has the name appear wherever a leg misrepresentation or fraud.	option to use a preferred/chosen first and/cal name is not necessary. A chosen/preferre	or middle d name n uding, bu	x Valley College has established a process whereby name on campus wherever possible. We strive to nust be appropriate and cannot be an attempt at t not limited to, avoiding a legal obligation or	/ any have this
			checks, payroll records, enrollment verifications, nn, and other records, which require use of an offici	
	possible at this time nay apply to issue a new Student ID card. se five to seven business days to take effect.		I do work at RVC I have worked for RVC previously as: Student Worker, Full-Time, Part-Time, Grant-Funded Community Education Position, or Temporary	l Position,
SIGNATURE:			DATE:	