

## PERSONAL UPDATE FORM

Student ID: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

**PLEASE UPDATE WHAT HAS CHANGED OR NEEDS CORRECTION.  
LEGAL DOCUMENTATION REQUIRED FOR ITEMS MARKED \***

<b>NEW SURNAME *</b>	<b>NEW GIVEN NAME *</b>

<b>CURRENT CONTACT INFORMATION:</b>	
NUMBER & STREET	
CITY	
PROVINCE, POSTAL CODE	
CELL PHONE	
OTHER PHONE	
EMAIL ADDRESS	

<b>Preferred Name:</b>

<b>SELF DECLARATION OF INDIGENOUS ANCESTRY</b>				
<input type="checkbox"/> First Nations (status)	<input type="checkbox"/> First Nations (non-status)	<input type="checkbox"/> Inuit	<input type="checkbox"/> Métis	<input type="checkbox"/> Aboriginal/Indigenous

<b>SALVATION ARMY AFFILIATION</b>	
Current Corps:	

<b>GENDER</b>	<b>PREFERRED PRONOUN</b>	<b>After updating my record, the Registrar's Office should</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> inform my current instructors <input type="checkbox"/> not inform my current instructors

<b>COUNTRY OF:</b> <input type="checkbox"/> Citizenship * <input type="checkbox"/> Permanent Residence *	
	EFFECTIVE DATE:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In keeping with the Federal Privacy Laws, personal information collected will be used for the purposes of registering students, maintaining student records, statistical purposes, for tracking academic progress, issuing transcripts (upon request) and for academic and government reporting. If you have any concerns about this, wish to opt out, or for more information on our Privacy Policy, please contact our Privacy Officer at [privacy@boothcollege.ca](mailto:privacy@boothcollege.ca) or call (204) 947-6701 or check out our website at [www.boothuc.ca](http://www.boothuc.ca).