

RANKEN

TECHNICAL COLLEGE

LEGAL NAME CHANGE

Students must provide valid (unexpired) proof of identity for a legal name change. Documentation may include notarized court document of legal name change, birth certificate, marriage license, signed Social Security card, updated driver's license, and updated passport.

FROM: _____
Last Name First Name Middle Name/Initial

TO: _____
Last Name First Name Middle Name/Initial

PREFERRED NAME CHANGE

Students who identify with a name other than their legal name can elect to add a preferred name to their record. However, the preferred name will not appear on class lists or InsideRanken. Legal names will appear on external use reports and documents including, but not limited to, student ID cards, student billing, financial aid forms, tax forms, official transcripts, and any other documents required by law. Additional last names may not be designated.

Legal Name: _____
Last Name First Name Middle Name/Initial

Preferred Name: _____
First Name Middle Name/Initial

BIRTHDATE Provide a copy of your driver's license, valid passport, or birth certificate as documentation.

Month / Day / Year: _____ Is this a correction? _____ Yes _____ No

SOCIAL SECURITY NUMBER. Attach a copy of your signed Social Security card as documentation.

Incorrect # (if applicable): _____ Correct #: _____

SEX AT BIRTH: _____ Male _____ Female **LEGAL SEX:** _____ Male _____ Female

GENDER: _____ Male _____ Female _____ Transgender _____ Prefer not to say _____ Non-binary/third gender

RACE AND ETHNICITY. Select one or more of the following categories:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | American Indian or Alaska Native |
| <input type="checkbox"/> | Asian |
| <input type="checkbox"/> | Black or African American |
| <input type="checkbox"/> | Hispanic or Latino |
| <input type="checkbox"/> | Native Hawaiian or other Pacific Islander |

- | | |
|--------------------------|--------------------|
| <input type="checkbox"/> | White |
| <input type="checkbox"/> | Two or more races |
| <input type="checkbox"/> | Unknown |
| <input type="checkbox"/> | Non-resident Alien |

Student Signature _____ **Date:** _____

By signing this form, I certify that I am the student identified above.

Submit form to: Ranken Technical College, Registrar's Office, 4431 Finney Ave, St. Louis, MO 63113.

E-mail address: registrar@ranken.edu **Fax #** (314) 286-3309 **Telephone:** (314) 286-3660