



CHANGE OF CONTACT INFORMATION OR GENDER

**SASKATCHEWAN POLYTECHNIC
Moose Jaw Campus**
Saskatchewan St and 6th Ave NW
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Moose Jaw SK S6H 4R4
Fax 306-691-8578
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**SASKATCHEWAN POLYTECHNIC
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Technical Building**
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**SASKATCHEWAN POLYTECHNIC
Regina Campus**
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Regina SK S4S 5X1
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**SASKATCHEWAN POLYTECHNIC
Saskatoon Campus, Idylwyld Dr.**
1130 Idylwyld Dr N
PO Box 1520
Saskatoon SK S7K 3R5
Fax 306-659-4067
RegInbox.Saskatoon@saskpolytech.ca

TO ENSURE YOUR STUDENT RECORD IS ACCURATE, YOU MUST NOTIFY SASKATCHEWAN POLYTECHNIC ENROLMENT SERVICES OF ANY CHANGE TO YOUR CONTACT INFORMATION. ONCE NOTIFIED, WE WILL UPDATE YOUR RECORD ON OUR SYSTEM.

PREVIOUS CONTACT INFORMATION

Surname (last name)		Saskatchewan Polytechnic Student Number	
First Name	Middle Name(s)	Apt. Number, Street, Box Number	
Date of Birth (Day, Month, Year)		City or Town	Province
Email		Country	Postal Code
Telephone (Home) (Area code required)		Telephone (Business) (Area code required)	Telephone (Cell) (Area code required)

NEW CONTACT INFORMATION

☐ **Current** (contact while attending Saskatchewan Polytechnic) **OR** ☐ **Permanent** (used unless current information is also specified)

Apt. Number, Street, Box Number		
Email	City or Town	Province
Telephone (Home) (Area code required)	Country	Postal Code
	Telephone (Business) (Area code required)	Telephone (Cell) (Area code required)

GENDER CHANGE

Note: If your legal name is also changed, you must complete the Change of Legal Name form, also found on our Forms web page at www.saskpolytech.ca/admissions/resources/forms.aspx.

Surname (last name)		Email
First Name	Middle Name(s)	Telephone (Area code required)
Saskatchewan Polytechnic Student ID Number	Date of Birth (Day, Month, Year)	New Gender (if applicable) <i>Documentation Not Required for Gender Change</i> <input type="radio"/> Woman <input type="radio"/> Man <input type="radio"/> Trans <input type="radio"/> Two-Spirit <input type="radio"/> Non Binary <input type="radio"/> Gender not specified <input type="radio"/> Prefer not to disclose

STUDENT SIGNATURE

Signature *Your signature certifies that the information provided herein is true and correct

Date

SASKATCHEWAN POLYTECHNIC ENROLMENT SERVICES (OR REGIONAL COLLEGE DESIGNATE) SIGNATURE

Signature Received by

Date