## Enrollment Services / Student Financial Services 2011 Mottman Rd SW Olympia, WA 98512-6292

## OFFICIAL NAME/GENDER MARKER CHANGE FORM

Last Name		First Name		Middle Initial	
Social Security #		Student ID Num	ber	1	
		•			
1. CHANGE OF NAME/G	ENDER MARKER				
Students who are receiving fina		•		_	
are not receiving financial aid n change.	nay submit a marriage licens	se, court documents, or g	government issued ID to c	document a name	
Former Name		New Name		Gender	
Check this box if you would like your SPSCC email address changed to reflect your name change.					
Check this box if you would like your Canvas display name changed to reflect your name change.					
O CIONATURE					
2. SIGNATURE					
I certify that the information provided by me is true and accurate. I understand that submission of false, misleading, or partial information to obtain additional aid could result in cancellation of all aid for one year and could result in prosecution under the					
U.S. Criminal Code.		,	,		
Student Signature			D	ate	
Submit this form to the One-Stop in Building 22 on the Olympia Campus or Building 1 on the Lacey Campus.					
FOR OFFICE USE ONLY  □ Email helpdesk@spscc.edu					
Change of Name/Gender	□ Updated FAM	☐ Updated SMS		☐ Email <u>studentlife@spscc.edu</u>	
Marker			in in stadentine	<u>e spsec.euu</u>	
Veterans					
Staff Notes:					
Staff Signature			Date		