Print Form

STUDENT INFORMATION CHANGE FORM

Office of Admissions and Records

OFFICE USE ONLY
Intake Clerk: _____

Name: _____
Last **First**

Address: _____
Number **Street**

_____
City **State** **Zip**

Student ID #: _____

Date of Birth: _____

Email: _____

Contact Number: _____

Please check the information you are updating.

☐ Address Change

☐ Phone Number: ( )

☐ Directory Release: ☐ Yes ☐ No

☐ Major Code: _____

☐ Change Pin Number

☐ Remove Social Security Number from student record.

☐ Add Social Security Number to student record for financial aid purposes. (Submit request to financial aid)

☐ Cross Reference Student Records (Please list all student I.D. numbers)

_____ _____ _____

The following update to your record requires supporting documentation.

☐ Name Change:

Previous: _____
Last First MI

Current: _____
Last First MI

☐ Birth date: Previous: _____ Current: _____

☐ High School Education: ☐ High School Graduate ☐ Non-High School Graduate ☐ Other:_____

☐ Resident: ☐ California (100 – Please attach Supplementary Questionnaire)
☐ AB540 (298 – Please attached AB540 Affidavit)

☐ US Citizen

For Office Use Only

Residency

☐ APPROVED: Semester/Year:_____
☐ DENIED
☐ NO ACTION

Reason: _____

_____

_____

_____

Clerk Initials: _____ Letter Sent: _____

Name/Student ID/Citizenship Change

☐ APPROVED
☐ DENIED
☐ NO ACTION

Reason:_____

_____

_____

_____

Clerk Initials: _____ Letter Sent: _____