



STUDENT INFORMATION CHANGE FORM

Clearly fill in the below information as it **PRESENTLY EXISTS** on your record **EVEN IF IT IS INCORRECT**

Last Name	First Name	Middle Initial
_____	_____	_____
Student ID Number	Birthdate	
_____	_____	

Clearly fill in **ONLY** that information you want **CHANGED**

☐ Primary Name (Legal) ☐ Preferred Name ☐ Both

Last Name	First Name	Middle Initial
_____	_____	_____
☐ National ID _____/_____/_____ Social Security Number	☐ New Email _____	
☐ Telephone Number ()	☐ Correct Birthdate _____	
☐ Home Address ☐ Mailing Address ☐ Billing Address		

Number	Street	Apt No.	City	State	Zip
☐ Residency Status _____			☐ Educational Status _____ <i>Associates or Bachelors ONLY</i>		

☐ Duplicate Student Identification Numbers:

ID# _____ ID# _____

I declare that the information supplied by me on this form is true and complete to the best of my knowledge. I authorize this change of information for all records pertaining to me held or maintained by the College, including educational, financial and employment records. I understand that any falsification of information or intentional misuse of this form may be grounds for disciplinary action, up to and including dismissal from the College.

Student Signature	Date
_____	_____

*Information updates should ordinarily be submitted in person to the Office of Admissions and Records on the second floor of the Student Services Building. However, if you are a distance education student or otherwise cannot make it to the office in person, you may mail the form, along with a copy of a government-issued ID, to our office. Please use the address found at the bottom of this form.

ADMISSIONS OFFICE USE ONLY:

Comments: _____

Processed by: _____	Date: _____
---------------------	-------------

2/2020