

UPDATE/CHANGE INFORMATION

Indicate Changes: <input type="checkbox"/> Name <input type="checkbox"/> Social Security Number <input type="checkbox"/> Address/Phone Number	Last Name	Name	M.
	Student ID/Social Security Number	Date of Birth	

Name

New Name: _____
Last
First
M.

Old Name: _____
Last
First
M.

An individual's full legal name is required for official records at the College. A name change request MUST be supported by legal documentation (i.e., Social Security card, marriage certificate, dissolution or divorce decree, court order, or a driver's license).

Social Security Number

New Social Security Number: _____
xxx-xx-xxxx

Old Social Security Number: _____
xxx-xx-xxxx

Please ATTACH copy of your Social Security card as verification of your correct number.

Address/Phone Number

New Address _____
PO Box/Street Address
City
Zip Code

Work Phone Number: _____
(xxx)xxx-xxxx

Home Phone Number: _____
(xxx)xxx-xxxx

Student Signature: _____ **Date:** _____

Registration Office Signature: _____ **Date:** _____

Return completed form to Office of the Registrar