



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	_____
Student ID Number	_____	Birthdate	_____

Clearly fill in ONLY that information you want CHANGED

Primary Name (Legal) Preferred Name Both

Last Name	_____	First Name	_____
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<input type="checkbox"/> National ID	_____	<input type="checkbox"/> New Email	_____
<i>Social Security Number</i>			

<input type="checkbox"/> Telephone Number ()	_____	<input type="checkbox"/> Correct Birthdate	_____
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Home Address Mailing Address Billing Address

Number	Street	Apt No.	City	State	Zip
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<input type="checkbox"/> Residency Status	_____	<input type="checkbox"/> 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	_____
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ADMISSIONS OFFICE USE ONLY:

Comments: _____

Processed by: _____ Date: _____