



STUDENT INFORMATION CHANGE FORM

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

Last Name	First Name	MI	Student ID No	Birth date
_____	_____	_____	_____	_____

B. Clearly fill in ONLY that information you want CHANGED

Information Change

Correct Name _____ Correct Birthdate _____

New Social Security Number _____ New Major Code _____

New Telephone Number _____ New email _____

New Address _____
Number Street Apt No. City State Zip

New Residency Status _____ Educational Status _____
Requires Documentation

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's Signature _____

Date _____

Admissions Office Use Only:

Comments: _____

Processed by: _____

Date _____