

## PERSONAL INFORMATION CHANGE REQUEST

To make a change to personal information on your student record, please complete and sign this form. This form must be submitted to the Registrar's Office in-person with picture ID.

Name Last	First	N	/liddle
D Number	Date o	f Birth	
Please mark an "x" in the box(es) next to	o the type(s) of information you	ı would like to change (	(check all that apply):
☐ Address/Telephone Change ☐ A permanent address is one at we those who have a permanent reside ☐ Be sure to include your contents.	vhich you have a primary and pern	nanent residence. A local plan to return.	
☐ Permanent Address:	□ Lo	ocal Address:	
Phone Number: ()		e Number: ()	
Cell Phone Number: ()_	Cell I	Phone Number: (	_)
Effective Date:	Effec	tive Date:	
■ Name Change/Correction – F  the College must match your name social security number must pro	me as filed with the Social Secu ovide other legal documentation	rity Administration. Th n (i.e. ITIN letter or cou	ose not eligible for a
riease provide new name	Last	First	Middle
Current name on record	Last	First	Middle
☐ Social Security Number Entr			ocial security card.
Office use only: Incorrect social s	security number on record		
☐ Date of Birth Entry/Correction	<b>on –</b> Form must be accompani	ed by driver's license o	r birth certificate.
Office use only: Incorrect date of	birth on record		
Signature		Date	
For Office Use Only: Date Processed	Process	ed By	

Form: REG-PIC-1