

# CHANGE OF INFORMATION

(Name, Address, Social Security Number, Phone, E-Mail, Emergency Contacts)

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Social Security No. 

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Name: \_\_\_\_\_  
Last First Middle

Enrollment Type:  credit only  credit-free (ie. Continuing Education only)  both

NAME (Complete only those portions of name to be changed)

Last (Family) \_\_\_\_\_  
First \_\_\_\_\_  
Middle \_\_\_\_\_  
Suffix, if applicable (ie. Jr., Sr., III) \_\_\_\_\_

SOCIAL SECURITY NO. (Complete only if SSN must be added or corrected.) \_\_\_\_\_

## PRIMARY ADDRESS

Street Number & Name \_\_\_\_\_  
Apt./Unit \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County (ie. Howard, Montgomery, etc.) \_\_\_\_\_

ADDITIONAL ADDRESS (Only for use by students with P.O. box or international addresses)

P.O. Box Number/Street Number & Name \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Country (ie. Canada, Italy) \_\_\_\_\_

## PHONE

Home: \_\_\_\_\_  day  evening  TDD  
(area code)  
Work: \_\_\_\_\_  day  evening  TDD  
(area code) extension

E-MAIL \_\_\_\_\_

## EMERGENCY CONTACT (S)

\_\_\_\_\_ Remove:  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone: Home \_\_\_\_\_  day  evening  TDD  
Work \_\_\_\_\_  day  evening  TDD  
\_\_\_\_\_ Add/Correct:  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone: Home \_\_\_\_\_  day  evening  TDD  
Work \_\_\_\_\_  day  evening  TDD

To the best of my knowledge, all the information I have provided on this form is correct. I understand that deliberate falsification of information pertaining to my records could be sufficient grounds for dismissal from the college.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Office Use
Colleague ID# _____
Processor _____
Date _____

White Adm/Adv      Yellow Student