



# CHANGE OF STUDENT DEMOGRAPHIC INFORMATION

**PRINT your information as it *currently* appears on your file.**

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

STUDENT ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ARE YOU A VETERAN OR USING MILITARY BENEFITS YES NO BRANCH OF SERVICE: \_\_\_\_\_

How can we reach you for updates of questions about this request?

Phone \_\_\_\_\_ Email (non-ACC) \_\_\_\_\_

## Legal Name Change

*\*Proper documentation must be attached for name change (ex: marriage certificate, driver's license, SSN card, etc.*

NEW NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

## Preferred Name

\_\_\_\_\_  
LAST FIRST MIDDLE

## Address Change

NEW MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP

NEW HOME PHONE: \_\_\_\_\_ NEW CELL PHONE: \_\_\_\_\_

NEW WORK PHONE: \_\_\_\_\_

## Email Change

NEW EMAIL ADDRESS: \_\_\_\_\_

## SSN Change (*\*Proper documentation must be attached for a SSN change (ex.SSN card)*)

NEW SSN: \_\_\_\_\_

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

ALAMANCE COMMUNITY COLLEGE , REGISTRAR OFFICE, PO BOX 8000 GRAHAM NC 27253. SCAN AND EMAIL TO:

[REGISTRAR@ALAMANCECC.EDU](mailto:REGISTRAR@ALAMANCECC.EDU)