

CHANGE OF STUDENT INFORMATION

PRINT your information as it currently appears on our computer file.

SOCIAL SECURITY NUMBER: _____

COLLEAGUE ID NUMBER: _____

NAME: _____
LAST FIRST MIDDLE

TO CHANGE CURRICULUM//ADVISOR:

FROM: _____ TO: _____

TO CHANGE SOCIAL SECURITY NUMBER:

INCORRECT SOCIAL SECURITY NUMBER _____

CORRECT SOCIAL SECURITY NUMBER _____

MUST HAVE A COPY OF SOCIAL SECURITY CARD

MISCELLANEOUS CHANGES:

NAME: (MUST HAVE PROPER DOCUMENTATION ATTACHED)

LAST FIRST MIDDLE

ADDRESS:

ADDRESS

CITY STATE ZIP

HOME PHONE: (____) _____ WORK PHONE: (____) _____

E-MAIL ADDRESS: _____

AUTHORIZATION:

I authorize Alamance Community College to make the requested changes to my student record.

STUDENT SIGNATURE: _____ DATE: _____

SYSTEM UPDATED : BY _____ DATE _____