CHANGE OF STUDENT INFORMATION

PRINT your information as it currently appears on your file.

NAME: _____ _____ _____

LAST FIRST Middle

STUDENT ID NUMBER_____ **DATE OF BIRTH**_____

Please check all that apply to make the appropriate changes to your file:

☐ Address Change ☐ Curriculum Change ☐ Name Change **(Appropriate Documentation must be attached)**

☐ Telephone Number ☐ Email Address ☐ Advisor Change

☐ To correct Social Security Number **(MUST HAVE A COPY OF SOCIAL SECURITY CARD PRESENT)**

NEW NAME: _____ _____ _____

LAST FIRST MIDDLE

NEW MAILING ADDRESS:

_____

ADDRESS

_____ _____ _____

City **State** **Zip**

NEW TELEPHONE NUMBER

HOME PHONE (_____) _____ **WORK PHONE** (____) _____

NEW E-MAIL ADDRESS_____

INCORRECT SOCIAL SECURITY NUMBER_____

CORRECT SOCIAL SECURITY NUMBER_____

CURRICULUM/ADVISOR CHANGE

FROM_____ **TO**_____

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

Student Signature_____ **Date**_____

System Updated : By_____**Date**_____