



# CHANGE OF STUDENT 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?** \_\_\_\_ Yes \_\_\_\_ No **If yes, what is your branch of service?** \_\_\_\_\_

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

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

## CHANGES TO BE PROCESSED: (Only complete the sections to be changed.)

*Proper documentation must be attached for name change.*

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

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

Apt/Lot # \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NEW HOME PHONE:** (\_\_\_\_) \_\_\_\_\_ **NEW CELL PHONE:** (\_\_\_\_) \_\_\_\_\_ **NEW WORK PHONE:** (\_\_\_\_) \_\_\_\_\_

**NEW E-MAIL ADDRESS:** \_\_\_\_\_

*Copy of Social Security Card and photo ID must be attached for SSN change.*

**INCORRECT SOCIAL SECURITY NUMBER TO BE REMOVED:** \_\_\_\_\_

**CORRECT SOCIAL SECURITY NUMBER TO BE ADDED:** \_\_\_\_\_

**\*\*\*ACADEMIC PROGRAM /ADVISOR CHANGE** Circle New Program Type: Certificate / Diploma / Associate Degree  
CIRCLE EFFECTIVE TERM: FALL/SPRING/SUMMER YEAR: \_\_\_\_\_ **Financial Aid** Yes/No - FA Initials \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**ADD SECONDARY MAJOR:** \_\_\_\_\_

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

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**System Updated by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\* Note: Students on financial aid require approval from FA for academic program changes.**

**Please return completed form to:  
Student Success, PO Box 8000, Graham NC 27253 or Fax (336)506-4264**