



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