



# 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:**

**Alamance Community College, Admissions/Records, PO Box 8000, Graham NC 27253 or Fax (336)506-4264 or scan and email to [admissions-records@alamancecc.edu](mailto:admissions-records@alamancecc.edu)**