CHANGE of Student Record Information

	Last	First	MI	Social Security Number or S
	Telephone #		Date of Birth	
<u>XT</u> ,	, please check $$ each ite	m <u>you wish to</u>	<u>change</u> and <u>clearly print</u> thos	e changes in the spaces prov
	Name - Change to:	Last	First	<i>MI</i>
	Social Security Number -			↓↓
	A St Address - <u>Change to</u> :	• •	s that you include a copy of your SSN c	ard for verification along with this for
	Address <u>Onlange to</u> .		Street	City/State/Zip Code
	Email Address –	Change to:		
	Telephone Number –	Change to:	()	
	Date of Birth –	Change to:	<u> </u>	
	Release of Information –	Change to:	Yes No	() Verified I.D.
	Education Goal –	Change to:		Initials
	Major –	Change to:	<u> </u>	Date
).	K12 to Grad or	Grad to K12		
R JV	Student Signature V 9.4.13		^{ate} Student Record Informa	<u>For Office Use Only</u> : By: <u>Date:</u>
	V 9.4.13	CHANGE of		By: Date:
	V 9.4.13	CHANGE of	Student Record Informa	By: Date:
	v 9.4.13 <u>(</u> ST: Provide your name a	CHANGE of and SSN or SC	Student Record Informa	By: Date: ation ar" on your SCC student reco
<u>FIR</u>	V 9.4.13 ST: Provide your name a Last Telephone #	CHANGE of and SSN or SC 	Student Record Informa CID# "as they currently appea	By: Date: ation ar" on your SCC student reco Social Security Number or S
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