



STUDENT INFORMATION CHANGES

STUDENT'S NAME: _____

ECC ID# _____ **BIRTHDATE** _____

NEW ADDRESS:

STREET _____ APT# _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ CELL # _____ BUS# _____

E-MAIL ADDRESS _____

NAME CHANGE:

CHANGE NAME FROM _____

CHANGE NAME TO _____

(Requires legal documentation brought to the registration office.

Marital changes require a copy of marriage certificate)

SOCIAL SECURITY NUMBER:

PROVIDING FIRST TIME _____

INCORRECT NUMBER _____

CORRECT NUMBER _____ (Attach copy of Social Security Card)

STUDENTS SIGNATURE _____

DATE _____

PROCESSED BY _____ DATE _____ SCANNED _____ INDI TO INDI___ INDI TO OUDI___ OUDI TO INDI**___ WID___ JTA___ **Residency Requirement: Lic ___ WID___ Lease___ Utility Bills___
