



CHANGE OF STUDENT INFORMATION FORM

Shasta College Admissions and Records Office

DATE: _____

CURRENT NAME ON RECORDS: _____
LAST FIRST MI

* NAME CHANGE: _____
* (Proof required: Driver license, marriage cert., etc..) LAST FIRST MI

ADDRESS CHANGE: _____
STREET CITY

COUNTY STATE ZIP CODE

TELEPHONE # (____) _____ EMAIL ADDRESS: _____

* SOCIAL SECURITY CORRECTION: ____/____/____ to ____/____/____
*(social security card required for verification) (Incorrect) (Correct)

NEW MAJOR CODE: _____ CHANGE OF EDUCATIONAL STATUS: _____ CHANGE OF EDUCATIONAL GOAL: _____

STUDENT SIGNATURE: _____ ID# or SOC SEC # ____/____/____

FOR OFFICE USE

Shasta College Admission & Records processed: _____ Date: _____

Documentation Verified: _____
Name