

Student Information Change Form

Shasta College EOPS/CARE Program

Student's Name (as it appears now): _____
Last First M.I.

Name Change

Student's New Name: _____
Last First M.I.

Address Change

New Address: _____
Street Name City State Zip Code

Telephone Number Change

New Telephone Number: (_____) _____

E-Mail Address: _____

Have you submitted your change(s)
to Admissions & Records?

Yes

No

SSN or ID#: _____ **Student Signature:** _____

Revised 16 April 2009

White Copy – EOPS/CARE

Yellow Copy- Admissions and Records

Pink Copy- Student

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