

ALVIN COMMUNITY COLLEGE

Student Data Change Request

PLEASE PRINT

Student ID _____
Last Name First MI

Student SSN _____ Date of Birth ____/____/____
Month Day Year

To change or update information currently on file, place a check by the box(es) you wish to change. Fill in the correct information and provide appropriate documentation where required.

New name is: _____
Last Name First MI

REASON FOR CHANGE, CHECK ONE Marriage Divorce Court Order Other _____

New residential/physical address is:

Street and Number

City County State Zip Code

New mailing address is:

Street and Number

City County State Zip Code

NOTE: When the mailing address is out-of-district and the residential address is in-district, proof of in-district residency will be required. When both addresses are changed to an out-of-district address from an in-district address, residency will be changed automatically and the student's tuition/fees may be re-billed for the current term. All other residency reclassification petitions must be done by completing a Residency Reclassification Petition. Without it, your address will be changed, but your residency classification will not.

New personal email address is: _____

New Cell phone number: _____ New Home phone number: _____

New Emergency Contact Person/Phone number:
Last Name First Name Phone number

Social Security Number: ____/____/____ (must show new social security card)

Birth Date: ____/____/____ (must provide proof)

I certify that the information provided is true and correct.

Student Signature

Date

Admissions & Registrar's Office Use Only: Data Changed by _____ Date _____

Residency Reclassification required _____ Yes _____ No Hold Removed _____ Yes _____ No