

# 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-district and the residential address is in-district, proof of in-district residency will be required. When both addresses are changed to an out-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

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