## **ALVIN COMMUNITY COLLEGE**

## Student Data Change Request

## PLEASE PRINT

	Last Name		First	MI
Student SSN	Date of Birth	/ th Day		
o change or update information cunformation and provide appropriat		-	box(es) you wi	sh to change. Fill in the correct
] New name is:				·
Last Name		First		MI
EASON FOR CHANGE, CHECK ONE	[ ] Marriage [ ] D	ivorce [ ] (	Court Order [	] Other
] New residential/physical addre	ess 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-o When both addresses are changed to an student's tuition/fees may be re-billed fo Residency Reclassification Petition. With	out-of-district address fron or the current term. All other	n an in-district ac er residency recl	ddress, residency assification petitic	will be changed automatically and the ons must be done by completing a
] New personal email address is	:			
New personal email address is New Cell phone number:	:	New Ho	ome phone nui	nber:
	on/Phone number:	New Ho	ome phone nui	mber:Phone number
] New Cell phone number:	on/Phone number:	st Name	First Name	Phone number
New Cell phone number:  New Emergency Contact Perso	on/Phone number: La	st Name (must sho	First Name	Phone number
New Cell phone number:  New Emergency Contact Perso  Social Security Number:  Birth Date:/	on/Phone number: La /(must pro	st Name (must sho	First Name	Phone number
New Cell phone number:  New Emergency Contact Perso  Social Security Number:  Birth Date:/  certify that the information provid	on/Phone number: La /(must pro	st Name (must sho	First Name	Phone number
New Cell phone number:  New Emergency Contact Perso  Social Security Number:  Birth Date:/  certify that the information provid	on/Phone number: La / (must pro ed is true and correct.	st Name (must sho vide proof)	First Name  w new social so	Phone number ecurity card)  Date
New Cell phone number:  New Emergency Contact Perso  Social Security Number:  Birth Date:/  certify that the information provid	on/Phone number: La 	st Name (must sho vide proof)  ACC Welcome Cent	First Name  W new social so  er or email to Regist	Phone number ecurity card)  Date

Distribution: Student's Record Rev: 08-24