## **Change of Student Information Form**



Directions: Fill out your name and date of birth at the top of the page. In the New Data section, fill in any information you wish to change. Sign at the bottom of the page and return it to the Admissions Office.

Name:	DOB:
Student ID#:	
New Data	
Change my name to:	
(will need to provide documenta	tion: driver's license, marriage license, court order, etc.)
Change my Social Security Numl (will need to provide a copy of S	ber to: S card to verify the correct number)
Change my address to:	
Change my phone number to:	
Home: ()	
Work: ()	_
Cell: () (I give WCC permission to send apply)	text messages to this number. Standard text rates may
Other change:	
Signature:	Date:

Date Entered:	
Processed by:	