

Change of Student Information Form

Information must be printed or typed in black or blue ink. (Penciled forms will not be accepted.)

Student Name and	ID (Required)				
Student ID Number: (If Student ID is unknown	, provide last 4 digits	of SSN and Full DC	В)		-
Legal Name:					
	Last		First	Middle	
Chosen/Preferred Na	me:				
Last			First	Middle	
Change of Address	(Please see Re	sidency Change	Form regarding Re	sidency Policy)	
New Address:					
Street	Address	City	State	Zip	
New Phone Number	: ()				
New Cell Number: (_)				
New E-mail:					
Legal Name Change	e Request (Mus	t provide proof	of legal name chang	e)	
Name I amal Name					
New Legal Name:	 Last	First		Middle	
Former Name:	Last	First		Middle	
Chosen/Preferred N	lame Change Ro	equest			
N					
New Chosen/Preferred	<u>I Name</u> : Last	First		Middle	
Former Name:	 Last	First		 Middle	
Change ECC email ac			eflect new Legal Nam	e or Chosen/Preferre	d name?
		□ Yes	□ No		
Student Signature (Required)-		1	Date:	