



RETURNING APPLICANT INFORMATION UPDATE FORM

Students may be required to provide additional documentation, such as a photo ID, proof of residency, etc.

Legal name: _____ Social Security Number (Last four): _____ Date of Birth: ____/____/____

Current Address: _____ City: _____ State: _____ Zip Code: _____

Public school district in which you reside: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____ Semester you are returning to ECC: _____

Admission Classification: ☐ Degree seeking ☐ Non-degree ☐ Visiting Student

Have you completed coursework since leaving ECC? _____ If yes, where (name of school)? _____

Were you disciplined, or are you currently on academic suspension that institution? ☐ Yes ☐ No ☐ Not Applicable

Emergency Contact: ☐ Parent ☐ Guardian ☐ Spouse ☐ Other _____

Name: _____ Contact Number: _____

Have you ever been arrested for, charged with, pleaded guilty to or been convicted of a felony or received a suspended imposition of sentence or suspended execution of sentence for a felony? ☐ Yes ☐ No

Access Services provides support for students who have documented disabilities by making reasonable accommodations in regard to academic instruction and other college related activities. If you are interested in meeting with an ACCESS Counselor, please check this box: ☐

Student Signature: _____ Date: _____

3.20.15 NM