



STUDENT INFORMATION CHANGE FORM

Admissions & Records Office
3000 Mission College Blvd., Santa Clara, CA 95054-1897

For Office Use Only:	
<i>Request Received:</i>	
Staff: _____	Date: _____
<i>Record Updated:</i>	
Staff: _____	Date: _____

Photo ID is required when submitting this form. Incomplete or unsigned forms will not be processed. Social Security card must be shown when making name and social security changes. Proof of legal name change required. This form cannot be used to request a change of residency status.

Please list all current information here:

Social Security # or ID#: _____

Birthdate: _____

Full Name: _____
Last First Middle

Phone (Home): _____

Current Address: _____
Address

Phone (Other): _____

City State Zip

Gender: Male Female

Student's Signature: _____

Date: _____

Please indicate below which information needs to be corrected, updated or changed:

- | | | |
|--|---|---|
| <input type="checkbox"/> Name (indicate previous): _____ | <input type="checkbox"/> Program of Study | <input type="checkbox"/> Birthdate |
| <input type="checkbox"/> Social Security / ID# (indicate error): _____ | <input type="checkbox"/> Mailing Address | <input type="checkbox"/> Phone #: _____ |
| <input type="checkbox"/> E-mail: _____ | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Replacement of Higher One Card | | |

Program / Department Signature (for Program of Study change only):

Program of Study: _____

Department (Faculty) Signature: _____
(For Psych Tech and Nursing majors ONLY)

Date: _____