



# Change of Student Information Form

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

## Directions

This form is used to change your **name, phone number, email, address, or social security number**. Requests must be accompanied by required documentation and may be uploaded, mailed, emailed or delivered in person.

### Phone Number/Email

Primary Phone Number: \_\_\_\_\_

Yes, you may use this number to leave voicemail messages for me

Secondary Email Address: \_\_\_\_\_

(Please note that our primary form of communication will be through your Jackson College email)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

### Address Change (Must be completed prior to the start of the semester for tuition adjustments)

**Required Documentation:**  Driver's License (Plus one of the following documents below)

Rental/ Lease Agreement  Voter Registration Card  Vehicle Registration  Dog License  Property Tax

**Address to be changed** (check one or both if applicable)  Preferred Mailing  Preferred Residence

**New Address:** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Processed by:** \_\_\_\_\_

### Name Change

**Required Documentation:**  Driver's License (Plus one of the following documents below)

Marriage/Divorce Certificate  Official Court Documents  Social Security Card  IRS Tax Return

Former Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Current Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

### Social Security Number (Change or Correction)

**Required Documentation:**  Driver's License **AND**  Social Security Card

Correct Social Security Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

### Office Use Only

Staff Signature: \_\_\_\_\_ Date Processed: \_\_\_\_\_