



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: _____