



STUDENT INFORMATION CHANGE FORM
Office of Admissions and Records

Name: _____ Last First	Student ID #: _____
Address: _____ Number Street	Date of Birth: _____

Please check the information you are updating.

- | | |
|---|--|
| <input type="checkbox"/> Address Change | <input type="checkbox"/> Phone Number: (_____) _____ |
| <input type="checkbox"/> Directory Release: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Major Code: _____ |
| <input type="checkbox"/> Change Pin Number | |
| <input type="checkbox"/> Remove Social Security Number from student record. | |
| <input type="checkbox"/> Add Social Security Number to student record for financial aid purposes. (Submit request to financial aid) | |
| <input type="checkbox"/> Cross Reference Student Records (Please list all student I.D. numbers) | |

The following update to your record requires supporting documentation.

- Name Change:
- Previous: _____
 Last First MI
- Current: _____
 Last First MI
- Birth date: Previous: _____ Current: _____
- High School Education: High School Graduate Non-High School Graduate Other: _____
- Resident: California (100 – Please attach Supplementary Questionnaire)
 AB540 (298 – Please attached AB540 Affidavit)
- US Citizen

For Office Use Only

Residency

- APPROVED: Semester/Year: _____
- DENIED
- NO ACTION

Reason: _____

Clerk Initials: _____ Letter Sent: _____

Name/Student ID/Citizenship Change

- APPROVED
- DENIED
- NO ACTION

Reason: _____

Clerk Initials: _____ Letter Sent: _____