



STUDENT INFORMATION CHANGE FORM

Office of Admissions and Records

OFFICE USE ONLY
Intake Clerk: _____

<p>Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First </div> </p> <p>Address: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Number Street </div> </p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>City _____ State _____ Zip _____</p>	<p>Student ID #: _____</p> <p>Date of Birth: _____</p> <p>Email: _____</p> <p>Contact Number: </p>
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Please check the information you are updating.

- | | |
|--|--|
| <input type="checkbox"/> Address Change
<input type="checkbox"/> Directory Release: <input type="checkbox"/> Yes <input type="checkbox"/> No
<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) | <input type="checkbox"/> Phone Number:
<input type="checkbox"/> Major Code: _____ |
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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	Name/Student ID/Citizenship Change
<input type="checkbox"/> APPROVED: Semester/Year: _____ <input type="checkbox"/> DENIED <input type="checkbox"/> NO ACTION Reason: _____ _____ _____ _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> NO ACTION Reason: _____ _____ _____ _____
Clerk Initials: _____ Letter Sent: _____	Clerk Initials: _____ Letter Sent: _____