

STUDENT INFORMATION CHANGE FORM

A. Clearly print your name, social security and birthdate as it **PRESENTLY EXISTS** on your record **EVEN IF INCORRECT**

Last Name	First Name	MI	Student I.D. Number	Birthdate

B. Clearly fill in **YOUR CURRENT ADDRESS**. Check box if this is a new address and records need to be updated.

<input type="checkbox"/> CHECK IF NEW ADDRESS	Number	Street	Apt. No.	City	State	Zip

C. Clearly fill in **ONLY** that information you want **CHANGED**.

Information Change *(Copy of supporting documents needs to be attached.)*

1. New Name: _____
(CA Driver's License)

2. New Student I.D. Number: _____
(Social Security Card)

3. New Telephone Number: () _____

4. New E-Mail Address: _____

5. New Birthdate: _____

6. New Major Code: _____

7. Directory Release: YES NO

Record Change To: *(Supporting documents need to be attached)*

8. High School Graduate
(High School Diploma/GED)

9. California(Res. Code 100)
(U.S. Residency and CA Residence Information >1 year prior to start of the semester)

10. U.S. Citizen
(Naturalization Certificate)

11. Non-Resident Tuition Exemption
(298 Certification Needed)

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Approved Incomplete No Action Denied

Comments: _____

Effective for: _____ Intake By: _____

Processed By: