



# STUDENT INFORMATION CHANGE FORM

*Office of Admissions and Records*

**OFFICE USE ONLY**  
Intake Clerk: \_\_\_\_\_

<b>Name:</b> _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Last</span> <span>First</span> </div> <b>Address:</b> _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Number</span> <span>Street</span> </div> <hr/> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>City</span> <span>State</span> <span>Zip</span> </div>	<b>Student ID #:</b> _____  <b>Date of Birth:</b> _____  <b>Email:</b> _____  <b>Contact Number:</b> _____
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**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	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: _____