

CHANGE OF STUDENT INFORMATION (See reverse side for instructions)

I request a change of:	<input type="checkbox"/> Name	<input type="checkbox"/> Date of Birth
	<input type="checkbox"/> Social Security No.	<input type="checkbox"/> Telephone
	<input type="checkbox"/> Address	

REGISTRAR'S OFFICE USE ONLY	DP Notified _____
	By _____
	Date _____

COMPLETE **ALL** INFORMATION BELOW WITH
CURRENT INFORMATION ON QCC FILES.

NAME (admitted under) _____ FIRST _____ MIDDLE _____

SOCIAL SECURITY NO. (admitted under) _____

STREET ADDRESS & NO. (previous address) _____

CITY _____ STATE _____ ZIP _____

Month /Day /Year ()

BIRTH DATE _____ TELEPHONE NO. _____

10/2005

COMPLETE ONLY THE INFORMATION TO BE
CHANGED BELOW. **NEW INFORMATION.**

LAST NAME _____ FIRST _____ MIDDLE _____

SOCIAL SECURITY NO. _____

STREET ADDRESS & NO. _____

CITY _____ STATE _____ ZIP _____

Month /Day /Year ()

BIRTH DATE _____ TELEPHONE NO. _____

Signature of student _____

INSTRUCTIONS

1. Please complete this form in ink.
2. Complete ALL THE CURRENT information on the left side of the form.
3. Complete ONLY the INFORMATION TO BE CHANGED on the right side.
4. Changes that **require proof**:
 - **Name Change** — Court Order, Marriage License, Divorce Decree
 - **Social Security Number Change** — Social Security Card
 - **Date of Birth** — Birth Certificate, Passport, Driver's License

ALL OTHER CHANGES DO NOT REQUIRE PROOF.