



Student Change of Information Request

This form is necessary when changes need to be made to identifying information or contact information on your student record. Students need to present a photo ID when submitting this request. Lines with an * must have an authorization prior to changes in the SIS.

Student Name on current record (last, first, middle): _____

Student ID Number: _____ Phone #: _____ Date of Birth: _____

Information you would like to change:

*Name (last, first, middle): _____

- Legal documentation is required: valid driver's license, state-issued ID, marriage certificate, divorce decree, or court order

Current Address: _____

Street

Apt

City

State

Zip Code

Check this box if your current address is the same as your permanent address

Permanent Address: _____

Street

Apt

City

State

Zip Code

Local Phone Number: _____ Permanent Phone Number: _____

Email Address: _____ *Ethnicity/Race: _____

*Social Security Number: _____

- Legal documentation is required: copy of Social Security card (or receipt of application for card including SSN)

*Date of Birth: _____

- Legal documentation is required: valid driver's license, birth certificate, or passport

*Gender: _____

- Legal documentation is required: birth certificate, court order, valid driver's license or state-issued ID

*Citizenship: _____

- Legal documentation is required: birth certificate, valid passport, PR card, visa or certificate of citizenship

Are you receiving college federal grants, scholarships, VA Benefits, Etc.? Yes No

Name changes are reported to the Financial Aid Office for students who receive any college federal grants, scholarships, VA benefits, etc. Also, your full name reported to EGTC Admissions and Student Records must match the full name reported to the Financial Aid office. Any questions in regards to this matter should be directed to the Financial Aid office.

I hereby authorize my information to be changed as indicated on all current and subsequent entries to my permanent record at Emily Griffith Technical College.

Student Signature: _____ Date: _____

Internal Use Only

Received by: _____ Date: _____ Processed by: _____ Date: _____