

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

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

<input type="checkbox"/> 1. New Name: _____ (CA Driver's License)	<input type="checkbox"/> 5. New Birthdate: _____
<input type="checkbox"/> 2. New Student I.D. Number: _____ (Social Security Card)	<input type="checkbox"/> 6. New Major Code: _____
<input type="checkbox"/> 3. New Telephone Number: ( ) _____	<input type="checkbox"/> 7. Directory Release: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> 4. New E-Mail Address: _____	

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

<input type="checkbox"/> 8. High School Graduate (High School Diploma/GED)	<input type="checkbox"/> 9. California(Res. Code 100) (U.S. Residency and CA Residence Information >1 year prior to start of the semester)	<input type="checkbox"/> 10. U.S. Citizen (Naturalization Certificate)	<input type="checkbox"/> 11. Non-Resident Tuition Exemption (298 Certification Needed)
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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
<input type="checkbox"/> Approved	<input type="checkbox"/> Incomplete	<input type="checkbox"/> No Action	<input type="checkbox"/> Denied
Comments: _____			Processed By: _____
Effective for: _____	Intake By: _____		