

Student Change of Information

District employees must also contact the Human Recourses Office Student employees must also contact the Student Employment Office **Students must submit this form with a photo ID**

NAME ON FILE:		
Please print Last Name	First Name	Middle Initial
STUDENT ID/SSN:	DATE OF BIRTH:	
NAME CHANGE: YOU MUST ATTAC		
New Name:		
Last	First	Middle
CHOSEN NAME: YOU MAY SELECT NAME FOR WHICH Y	OU WILL BE LISTED ON COURSE ROS	TERS BUT NOT OFFICIAL TRANSCRIPTS
 Last	,	
SOCIAL SECURITY NUMBER:		
Must present SSN		· (/
GENDER IDENTITY: DIRE	ECTORY INFORMATION: OK TO	O RELEASE YES: NO:
	ADDRESS CHANGE	
Permanent Address (required)	Mailing Add	ress (if different from permanent address)
Street Address	Street Address	
City,State,ZIP	City,State,ZIP	
ACADEMIC PROGRAM CHANGE: EDUCATIONAL GOAL:		
NOTE: It is strongly recommended that you see a counselor	before making ACADEMIC PROGRAI	M & EDUCATIONAL GOAL changes.
ADMISSIONS STATUS CHANGE: 1st Time Student	t Transfer Student	_ Returning Student
HIGH SCHOOL ATTENDED:	-	HS DIPLOMA: GED:
Name of School	Years Attended	
OTHER CHANGES:		
STUDENT SIGNATURE:	D	ATE:
		DATE STAMP
OFFICE USE ONLY:		NORCO
		COLLEGE
A&R Signature Date		A P D CTAFF.