

****By submitting this request, I am authorizing Norco College staff to complete the transaction requested.****



Student Change of Information

*District employees must also contact the Human Resources 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 ATTACH A COPY OF A LEGAL DOCUMENT WITH NEW LEGAL NAME
Note: Your original WebAdvisor login, RCCD email address and Blackboard login will not change.

New Name: _____
Last First Middle

CHOSEN NAME: YOU MAY SELECT NAME FOR WHICH YOU WILL BE LISTED ON COURSE ROSTERS BUT NOT OFFICIAL TRANSCRIPTS

Last First Middle

SOCIAL SECURITY NUMBER: _____ - _____ - _____ **PHONE NUMBER:** (____) _____ - _____
Must present SSN card

GENDER IDENTITY: _____ **DIRECTORY INFORMATION: OK TO RELEASE YES:**____ **NO:** ____

ADDRESS CHANGE

Permanent Address (required)	Mailing Address (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 PROGRAM & EDUCATIONAL GOAL** changes.

ADMISSIONS STATUS CHANGE: 1st Time Student _____ Transfer Student _____ Returning Student _____

HIGH SCHOOL ATTENDED: _____ - _____ **HS DIPLOMA:** ____ **GED:** ____
Name of School Years Attended

OTHER CHANGES: _____

STUDENT SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY: _____

A&R Signature Date

DATE STAMP

A&R STAFF: