

## **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:	
LEGAL OR PREFERRED NAME CHANGE: YOU MU	ST ATTACH A COPY OF A LEG	AL DOCUMENT WITH NEW LEGAL NAME
<b>Legal Name</b> (Your original WebAdvisor login, RCCD email address and C	capuas login will not shange)	
	anvas login will not change)	
<b>Preferred Name</b> (You may select name for which you will be listed on course	se rosters but not official transcripts)	
	First	Middle
SOCIAL SECURITY NUMBER:		:(
GENDER IDENTITY: DIRECT	TORY INFORMATION: OK T	O RELEASE YES: NO:
	ADDRESS CHANGE	
Permanent Address (required)	Mailing Add	lress (if different from permanent address)
Street Address	Street Address	
City,State,ZIP	City,State,ZIP	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.64,56.6.65,2.11	
ACADEMIC PROGRAM CHANGE:	EDUCATIONA	AL GOAL:
NOTE: It is strongly recommended that you see a counselor be	efore making ACADEMIC PROGRA	M & 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:	n	ΔΤΕ·
STODENT SIGNATORE.		DATE:
		NO DCC
OFFICE USE ONLY:		COLLEGE
A&R Signature Date		100 27 17