

STUDENT INFORMATION CHANGE FORM

PATRICK HENRY COMMUNITY COLLEGE

Student Name: _____ Change of: ___ Address
EMPL/Student ID: _____ Phone #
*Social Security #: _____ Name
*See Privacy Statement which can be obtained in the Admissions Office _____ SSN
_____ Curriculum/Catalog Year

PLEASE COMPLETE ONLY THE AREAS IN WHICH A CHANGE IS BEING MADE

ADDRESS/PHONE CHANGE

Street Address: _____
City: _____ State _____ Zip _____
Phone #: Home: _____ Business _____ Mobile _____

NAME CHANGE ***

New Name: _____ / _____ / _____
(Last) (First) (Middle)

SSN CHANGE ***

New Social Security #: _____

***** College policy requires documentation for changes to your SSN # or a Change of Name. We must have a copy of your social security card before we will process these changes.**

Curriculum/Catalog Year

___ Career Studies Certificate New Curriculum _____
___ Certificate Specialization, if any _____
___ Degree ___ Maintain same curriculum but update to current catalog requirements.

STUDENT SIGNATURE: _____ DATE: _____