



STUDENT INFORMATION CHANGE FORM

Admissions & Records Office (Building 7, Second Floor)

43600 Mission Blvd., Fremont, CA 94539

Fax #: (510) 659-7321 or scan to admissions@ohlone.edu

For Office Use Only:

Request Received:

Staff: _____ Date: _____

Record Updated:

Staff: _____ Date: _____

Photo ID is **required** when submitting this form. Incomplete or unsigned forms **will not** be processed. Social Security card must be shown when making name and social security changes. Proof of legal name change required. ***This form cannot be used to request a change of residency status.***

Please list all current information here:

Student ID # or Social Security #: _____ Birthdate: _____

Full Name: _____ Phone (Home): _____

Last

First

M.I.

Email: _____

Address changes: Please use WebAdvisor

Student's Signature: _____ Date: _____

Name (indicate previous): _____

Social Security/ ID# (indicate error): _____

Birthdate: _____

2017



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