# STUDENT INFORMATION CHANGE FORM

Admissions & Records Office (Building 7, Second Floor)
43600 Mission Blvd., Fremont, CA 94539
***Fax #: (510) 659-7321***

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.*

Current Address: _____ Phone (Other):_____
Address

_____ Gender : ☐ Male ☐ Female
City State Zip

Student's Signature: _____ Date: _____

**Please indicate which information needs to be corrected, updated, or changed:**

☐ Name(indicate previous):_____ ☐ Change of Major ☐ Birthdate

☐ Social Security/ ID#(indicate error):_____ ☐ Mailing Address ☐ Phone #:_____

☐ Email:_____ ☐ Other:_____

**Major Code on back page**

Declare/Change Major: _____ Date: _____ updated: 3/8/12