



STUDENT INFORMATION CHANGE FORM

Admissions & Records Office (Bldg. 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: _____
Last Name First Name MI

Email: _____

Address changes: Please use WebAdvisor

Student Signature: _____ Date: _____

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

- Name (indicate previous): _____
- Social Security/ID # (indicate error): _____
- Birthdate: _____
- Gender: _____

- Duplicate Record:**
 - Ohlone ID#: _____
 - Ohlone ID#: _____
 - I have applied for FAFSA

Rev. 28Sept2018



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