

Request for Change in Personal Information

NAME: STUDENT ID/SSN:

NIAN ATT

PREVIOUS INFORMATION

(only complete the information to be changed)

NAME:		/
(last name)	(first name)	(middle initial)
ADDRESS:		
CITY:	STATE:	ZIP:
PRIMARY PHONE:		
PRIMARY EMAIL:		
Date of Request:		
Reason for Change:(pleas		ired documentation)
Reason for Change:(pleas	se provide details & any requ	ired documentation)
Reason for Change:(pleas	re provide details & any requ	ired documentation)
Reason for Change:(pleas	re provide details & any requ	ired documentation)

CURRENT / NEW INFORMATION

(only complete the information to be changed)

(last name)	(first name)	(middle initial
ADDRESS:		
CITY:	STATE:	ZIP:
PRIMARY PHONE:		
PRIMARY EMAIL:		

NOTES:

Documentation Requirements and Information:

- <u>Name Change</u> please provide a copy of your marriage license or divorce decree; or, driver's license <u>AND</u> social security card with new name.
- Address Change completion of this form does <u>NOT</u> change NTCC Residency Status for tuition purposes.

For Office Use Only		
Record Date:	Initials:	

Updated July 2013