

CHANGE OF INFORMATION REQUEST

Student Name (print): _____

S#: _____ Phone#: _____ Birth Date: _____

Email: _____@student.cccs.edu

Note: Your official CCD email account is the only email CCD will accept for correspondence.

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student Signature: _____ Date: _____

Are you currently an employee of any Colorado Community College? _____

If yes, changes must be made with your Human Resources department.

- Legal documentation is required for a name change (i.e. driver's license, marriage certificate, divorce decree, SSN card, Military Id, passport, or court order.)
- To change a social security number: a copy of the signed social security card must accompany this form.
- COF: Colorado residents must submit documentation to COF regarding name, date of birth, and/or social security number corrections to ensure COF stipend to apply to billing statement. (COF Phone Number #: 1-800-777-2757)

INFORMATION YOU WOULD LIKE TO CHANGE:

Check only information you are changing. Print changes clearly and attach appropriate documentation.

☐ Name: _____

☐ Social Security Number: _____

☐ Local Phone Number: _____

☐ Permanent Phone: _____

☐ Citizenship: _____

☐ Email Address: _____

☐ Gender: _____

☐ Ethnicity/Race: _____

☐ Date of Birth: _____

☐ Local Address: _____

☐ Check this box if your Local Address is the same as your Permanent Address.

☐ Permanent Address: _____

CHANGE OF INFORMATION REQUEST

Are you receiving College Federal Grants, Scholarships, VA Benefits, Etc.?

☐ Yes ☐ No

Name changes are reported to the Financial Aid Office for students who receive any college federal grants, scholarships, VA benefits, etc. Also, your full name reported to the Financial Aid office. Any questions in regards to this matter should be directed to the Financial Aid office.

Internal use only:

Received by: _____ Date: _____

Processed by: _____ Date: _____