COMMUNITY COLLEGE OF DENVER

Office of Registration & Records
Confluence Building – Room 114
800 Curtis St. Denver, CO 80204
303.556.2420 | ccd.orr@ccd.edu

Change of Information Request

Student Name (print): _____

S#: _____ Phone: _____

Student E-mail: _____

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

Are you currently an employee of any Colorado Community College?

◯ Yes   ◯ No

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: _____

Mailing Address: Campus Box 201 | P.O. Box 173363 | Denver, CO 80217

Change of Information Request

S#: _____

☐ Citizenship:_____

☐ E-mail 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: _____

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.

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: _____

Internal Use Only

Received By: _____   Date: _____

Processed By: _____   Date: _____