



Admissions and Records Office Change of Data Form

PLEASE PRINT CLEARLY

STUDENT INFORMATION

Name: _____ Student ID: _____
 Email: _____ Phone: (____) _____
 Semester: Summer Fall Spring Year: _____

ONLY CHECK APPLICABLE BOXES AND PROVIDE INFORMATION TO UPDATE:

New Name: _____
Last First Middle Initial

Social Security: _____
XXX - XX - XXXX

Date of Birth: _____
MM/DD/YYYY

Email: _____

Address: _____
Street Address

City State Zip

Day Phone Number: (____) _____ Evening Phone Number: (____) _____

Cell Phone Number: (____) _____ Emergency (WARN) Phone number: (____) _____
 Accepts Texts? Yes No

For Name/Social Security Number/DOB Changes:
 Please provide at least one government issued document showing correct information (i.e. Driver's license, California I.D., Birth Certificate-for DOB changes only, DMV print out, passport).

I hereby authorize the CRC Admissions and Records Office to make the above correction(s) to my record. I understand that if I ever worked or currently work within Los Rios Community College District, I am REQUIRED to submit an additional form for name or address changes to the CRC Business Office.

STUDENT SIGNATURE: _____ DATE: _____

Admissions Office Use Only:

1. Employee Hold on student's record? Yes No
 2. Student provided with Business Office Name/Address Change? Yes N/A
 3. Recently petitioned for Graduation/Certificate? Yes No
 If yes, update Graduation/Certificate Petition Information? Yes No N/A

Received By: _____ Date: _____

Processed By: _____ Updated in Access (If applicable): _____

Comments: _____