

Change of Personal Information

First Name: _____ **Last Name:** _____

Student ID#: _____ **Date of Birth:** ____/____/____

Name Change Request:

Previous Name: _____
First Name Middle Name Last Name

Updated Name: _____
First Name Middle Name Last Name

- Attached documentation confirming updated name (ex: State ID/Driver's License, court documentation, marriage certificate, divorce decree, etc.)

SSN Change Request:

Previous SSN on file: _____ - _____ - _____ **Updated SSN:** _____ - _____ - _____

- Attached copy of both a (1) social security card with updated SSN and (2) a valid state issued ID.

Date of Birth Change Request:

Previous date of birth on file: ____/____/____ **Updated date of birth:** ____/____/____

- Attached copy of (1) state/government I.D. listing date of birth or (2) birth certificate

Signature: (this form will not be accepted if not signed and dated)

I hereby certify that the information given in this application and in all attachments thereto is true, correct and complete to the best of my knowledge. I authorize the Northshore Technical Community College and the Louisiana Community and Technical College System to verify all facts relevant to my claim for personal information updates.

Student Signature _____ Date ____/____/____

(For Office Use Only)

Processed and updated in Banner: Approved by: _____

Campus: _____ Date: ____/____/____