NUNEZ COMMUNITY COLLEGE
CHANGE OF DEMOGRAPHIC INFORMATION

(Please Print)

NAME:__________________________________________ Last __________ First __________ Middle __________

Banner ID:________________________ DOB: __________________________

1) Correction of Social Security Number: (Attach a copy of the Social Security Card)

From: ____________________________ To: ____________________________

2) Name Change: Attach official document(s) (Driver’s License, Marriage License, Judgment, SS Card, etc.)

From: (Please Print)

Last __________ First __________ Middle __________

To: (Please Print)

Last __________ First __________ Middle __________

3) Address Change:

☐ Mailing  ☐ Work  ☐ Permanent

Change to: ____________________________________________

Number and Street __________ City __________ State __________ Zip __________

4) Phone Number Change:

☐ Cell  ☐ Home  ☐ Work  ☐ Permanent  ☐ Preferred

Change to: ____________________________________________

5) Email Change:

☐ Campus  ☐ Personal

Change to: ____________________________________________

6) Ethnic/Race Change:

From: ____________________________ To: ____________________________

7) Change Emergency Contact:

Relationship: ____________________________

8) Other Changes:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

STUDENT SIGNATURE: ____________________________ DATE: ____________________________

PROCESSED BY: ____________________________ DATE: ____________________________

Revised 02/08/13 dmh