

PLEASE PRINT

ALVIN COMMUNITY COLLEGE  
Student Data Change Request

Student ID \_\_\_\_\_  
Last Name First MI

Student SSN \_\_\_\_/\_\_\_\_/\_\_\_\_

To change or update information currently on file, place a check mark by the box(es) you wish to change, fill in the correct information and provide appropriate documentation

[ ] My new name is: \_\_\_\_\_  
Last First MI

REASON FOR CHANGE, CHECK ONE: [ ] Marriage [ ] Divorce [ ] Court Order [ ] Other \_\_\_\_\_

[ ] My new residential/physical address is:

\_\_\_\_\_  
Street and Number  
\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
City County State Zip Code

[ ] My new mailing address is:

\_\_\_\_\_  
Street and Number  
\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
City County State Zip Code

**NOTE: When the mailing address is out-district and the residential address is in-district, proof of in-district residency will be required. When both addresses are changed to an out-district address from an in-district address, residency will be changed automatically and the student's tuition/fees may be re-billed for the current term. All other residency reclassifications must be done by filing a Residency Reclassification Petition. Without it, your address will be changed, but your residency classification will not.**

[ ] Email address: \_\_\_\_\_

[ ] Cell phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_ [ ] Home phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

[ ] Emergency contact person/phone number: \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
Last Name First Phone Number

[ ] Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ (must show original card)

[ ] Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (must provide proof)

I certify that the information provided is true and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Admissions Office Use Only: Data changed by \_\_\_\_\_ Date \_\_\_\_\_

Residency Reclassification \_\_\_\_ Yes \_\_\_\_ No Hold removed \_\_\_\_ Yes \_\_\_\_ No