



Admissions & Records Information Change Form

Student ID # _____

Name: _____
Last First MI

MAKE THE APPROPRIATE CHANGES – PLEASE PRINT CLEARLY

Name Change: _____
Last First MI

Name Change: _____
Affirmed Last Affirmed First Affirmed MI

Birth Date: ____/____/____ Social Security Number: ____/____/____

New Phone Number: _____ Phone Type: _____
Cell-Home-Day-Evening

New Email: _____

New Address: _____

I certify the changes on this form are true and correct and authorize Palo Verde College to change my student information accordingly.

Student Signature

Date

OFFICE USE ONLY

Type of Documentation: _____ Number: _____

Documentation verified by: _____