

BRUNSWICK COMMUNITY COLLEGE

CHANGE OF STUDENT INFORMATION FORM
Please print clearly!

Student ID # _____

Name: _____
Last Name, First Name, Middle Name, Maiden Name (if applicable)

Change of Address (Enter new information only)

Mailing Address: _____

(City) _____ (State) _____ (Zip) _____

Home Phone: _____ Cell Phone: _____

Change Name (Copies of updated Social Security and Driver's License required)
*Name changes for currently enrolled students are held until the end of the semester

Former Name: _____
Last Name, First Name, Middle Name, Maiden Name (if applicable)

Social Security Change/Correction (Copy of Social Security card required)

Incorrect number: _____ Correct Number: _____

Duplicate Records:
List all student ID's: _____

Student Signature: _____ Date: _____

<i>For Office Use Only:</i> Information Processed by:	
_____ Name	_____ Date