

BRUNSWICK COMMUNITY COLLEGE

INFORMATION VERIFICATION FORM PLEASE PRINT

Datatel #

Date of Birth		Entire Social Security #	
Legal Last Name & Title (Jr., Sr., etc.)	Legal First Name	Legal Middle Name	
Former Last Name(s)	Former Last Name(s)	Former Last Name(s)	Former Last Name(s)
Mailing Address		City	State and ZIP Code
Physical Address		City	State and ZIP Code
County of Legal Residence		State of Legal Residence	
Home Phone #	Cell Phone #	Work Phone #	Work Phone Extension #
BCC Email Address		Personal Email Address(es)	
Emergency Contact Name		Emergency Contact Address	
Emergency Contact Phone #		Relationship to Student	
Other Information Changes Not Listed Above:			
<p>I understand that the information I provide to Brunswick Community College will be placed in the schools permanent records. If any of this data changes, I will notify the Admissions/Records Office immediately. I hereby certify that the information I have provided to BCC is true to the best of my knowledge. I further understand that falsification or failure to supply the correct information may be considered grounds for rejection or dismissal.</p>			
Student Signature		Date	
Parent/Guardian Printed Name (if under 18)			
Parent/Guardian Signature (if under 18)		Date	

Advisor phone extension and initials

For Office Use Only

Information processed by: _____ Date: _____

Form #710
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