

STANLY COMMUNITY COLLEGE

INFORMATION CHANGE FORM

PLEASE PRINT

DATATEL ID: _____
Currently on Systems

SS# _____
Currently on Systems

NAME: _____
Currently on Systems

Are you currently using your student Gmail account? yes no

PLEASE CHECK AND COMPLETE ONLY THOSE ITEMS THAT NEED CHANGING:

Name Change: _____
Last First Middle/Maiden

(EMPLOYEES MUST ATTACH A COPY OF NEW SOCIAL SECURITY CARD WITH NAME CHANGE INDICATED)

Address Change: _____

County of Residency: _____

Phone Number Change: _____ - _____ - _____ Unlisted: ___Y ___N
Area Code Number

Social Security Number Change: _____

Emergency Contact Change: _____
Name

Relationship Phone Number - include Area Code

I certify that all of the above information is complete and correct.

Signature

Date

SCC Office Use Only:
Processed by: _____
Name Date