



**Information Change Form**  
 Mail To: Stanly Community College  
 141 College Drive, Albemarle, NC 28001

Student ID Number: \_\_\_\_\_ OR SSN: \_\_\_\_\_

Currently on File

Name On File \_\_\_\_\_

Last

First

Middle

**Check and complete items that need changing. You must provide a copy of your Social Security Card or valid NC Drivers License for changes to your name. You must provide a copy of your Social Security Card for changes to your Social Security Number.**

Name Change: \_\_\_\_\_

Last

First

Middle/Maiden

Social Security Number Change: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Provide a copy of your current driver's license or other government issued ID showing your date of birth.

Address Change: \_\_\_\_\_

Street Name

City

State

ZIP

Phone Number Change: \_\_\_\_\_ Home/Cell/Business

Circle One

Personal Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name

Relationship

Phone Number

I certify that the information provided above is accurate.

Signature

Date

Office Use Only

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_