



# CHABOT COLLEGE STUDENT DATA CHANGE FORM

Received date: \_\_\_\_\_

Received by clerk: \_\_\_\_\_

ID# \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Please change my address to:

Address \_\_\_\_\_  
Number and Street Apartment #  
City State Zip

This is my Residence (not a PO Box)

This is only my Mailing

This is both Residence and Mailing

This is my new telephone number: ( ) \_\_\_\_\_

I would like to change my name:

FROM \_\_\_\_\_ TO \_\_\_\_\_  
Last First Middle Last First Middle

I would like to change something other than listed above. Check one or more and list change below.

- change my campus       correct my birth date       correct my SSN  
 change my email address       change my major code-please list number from the code sheet  
 other change not listed above - \_\_\_\_\_

Here is/are the change(s): \_\_\_\_\_  
\_\_\_\_\_

I certify that the persons named above are one and the same person and that this request is made with no intent to defraud.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to keep my address and telephone number confidential.

FOR OFFICE USE ONLY:

Date posted by A&R \_\_\_\_\_ Initial \_\_\_\_\_