NUNEZ COMMUNITY COLLEGE
CHANGE OF DEMOGRAPHIC INFORMATION

(Please Print)
NAME: _____ _____ _____
            Last   *First*   *Middle*

Banner ID: _____   **DOB**: _____

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1) Correction of Social Security Number: *(Attach a copy of the Social Security Card)*

From: _____   *To*: _____

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2) Name Change: <u>Attach official document(s)</u> *(Driver's License, Marriage License, Judgment, SS Card, etc.)*

From: *(Please Print)*

_____   _____   _____
         Last   *First*   *Middle*
To: *(Please Print)*

_____   _____   _____
         Last   *First*   *Middle*

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3) Address Change:
❑Mailing   ❑Work   ❑Permanent
Change to: _____   _____   _____   _____
              Number and Street   *City*   *State*   *Zip*

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4) Phone Number Change:
❑ Cell   ❑ Home   ❑ Work   ❑ Permanent   ❑ Preferred
Change to: _____

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5) Email Change:
❑ Campus   ❑ Personal
Change to: _____

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6) Ethnic/Race Change:
From: _____   *To*: _____

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7) Change Emergency Contact:

_____

Relationship: _____

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8) Other Changes:

_____
_____
_____

STUDENT SIGNATURE: _____   **DATE**: _____

PROCESSED BY: _____   **DATE**: _____

Revised 02/08/13 dmh