

**TOMPKINS CORTLAND COMMUNITY COLLEGE
CHANGE OF STUDENT DATA FORM**

Please complete and return to room 215. Please print clearly:

Student's Name and ID:

_____ Last First MI Social Security Number

Check the item(s) below that should be changed in the College's records and print the NEW information in the space(s) provided below:

_____ **NAME** _____
(Last) (First) (MI) (Former)
(One of the following must be provided: marriage certificate, divorce decree, court order, passport, NYS driver's license) **Note:** The name on your social security card must match the name on your financial aid application to receive aid. If in doubt, please contact the financial aid office.

_____ **SOCIAL SECURITY NUMBER** _____ - _____ - _____
(A copy of your social security card must be provided for change/correction to social security number)

_____ **DATE OF BIRTH** _____
(One of the following must be provided: birth certificate, passport, NYS driver's license)

ADDRESS CHANGE

I would like my mail sent to my: _____ permanent address _____ local address

_____ **PERMANENT ADDRESS**

_____ Street/Postal Address City State Zip

_____ Day Phone / Evening Phone _____ E-Mail Address

_____ **LOCAL ADDRESS (If different from permanent address)**

_____ Street/Postal Address City State Zip

_____ Day Phone / Evening Phone _____ E-Mail Address

SIGNATURE _____ **DATE** _____

Office Use only: Entered on _____ Initial _____