

Request for Change of Status

This form must be completed, SIGNED, and submitted to the Records Office to change existing student information.

Name: _____
Last First Middle

Student ID: _____ Day Time Phone Number: _____

Complete Only The Sections Which Are Applicable

1. Change of Address Change to be made to Local Permanent Both

Street Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ E-mail Address: _____

Phone: Home () _____ Office () _____ Cell () _____

2. Change of Legal Name Note: Documentation will be required to process a change of name. The following is a list of approved documents: Social Security Card, Passport, Marriage License, or Divorce Decree, or valid TN State Driver's License

I am currently under the name of: _____

Change to: (PLEASE PRINT) _____

3. Change of Preferred First Name

I wish to have my preferred first name be _____ in MyNSCC, D2L, and etc.

4. Change of Social Security Number Note: Documentation (Social Security Card) will be required to process a change of Social.

Previous Social Security Number

New Social Security Number

5. Change of Date of Birth Note: Documentation, such as state issued ID is required to update the dob.

My date of birth is Month _____ Day _____ Year _____

Students Signature: _____ **Date:** _____

Records Office Use Only

Change of Address Processed By: _____ Date: _____

Change of Name Processed By: _____ Date: _____

Change of Social Security Processed By: _____ Date: _____

