Records Office Nashville State Community College 120 White Bridge Road Nashville, TN 37209 Fax: 615-353-3302

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		Mi	ddle	
Student ID: Day Time Phone Number: Complete Only The Sections Which Are Applicable					
Street Address:					-
City:	State:	Zip Code	e:		-
County:	E-mail Address:				_
Phone: Home ()	Office ()	Cell	l ()		-
License, or Divorce Decree,	ist of approved documents: S or valid TN State Driver's Lic	ocial Security Card, Pa cense	assport, Marri	age	
I am currently under the name o	f:				_
Change to: (PLEASE PRINT)					-
3. Change of Preferred First	Name				
I wish to have my preferred first	name be		in N	IyNSCC, D2L, and	d etc.
4. Change of Social Security N		ation (Social Securi change of Social.	ty Card) will	be required to	
Previous Social Security Number		New So	New Social Security Number		
5. Change of Date of Birth	Note: Documentation, suc	ch as state issued ID	is required to	o update the dob.	
My date of birth is Month	Day Year				
Students Signature:			_Date:		
	Records	s Office Use Only			
Change of Address Processed By		Da	ate:		_
Change of Name Processed By:		Da	Date:		
Change of Social Security Proces NSCC 22-25-01. NSCC is a TBR institution, an AA/EEO employer, & doe	${}_{\rm s}$ for admission or employment on the basis o	Date:			