

INFORMATION CHANGE FORM

(Complete all items that apply)

Required for Processing

Student ID Number _____ (or)

*Social Security Number _____

NAME (Before Change) _____
Last First Middle

NAME (As It Should Appear) _____
Last First Middle

OLD ADDRESS _____
Street/P. O. Box/Rural Box

_____ City and State Zip Code

_____ Telephone Number

=====

NEW ADDRESS _____
Street/P. O. Box/Rural Box

_____ City and State Zip Code

_____ Telephone Number

_____ Signature Date

TO CHANGE PROGRAMS COMPLETE THE FOLLOWING INFORMATION

OLD PROGRAM: _____

NEW PROGRAM: _____

SEMESTER CHANGE EFFECTIVE: _____

Beaufort County Community College PO Box 1069 Washington NC 27889
Fax 252-940-6393

*Disclosure of your Social Security Number is voluntary. It is used for identification.