



# Personal Information Change Request Form

Student Name: \_\_\_\_\_

Student ID (current students): \_\_\_\_\_

Social Security Number (alumni or prior students): \_\_\_\_\_

**Indicate one or more of the following items to be changed:**

**Student Legal Name**

*Requires a copy (not the original) of one of the following valid legal documents:*

Marriage License

Adoption Certificate

Active Driver's License

Divorce Decree

Court Order

**AND**  
Social Security Card

Previous: \_\_\_\_\_

Change To: \_\_\_\_\_

**Phone Number**

Cell     Home

Previous: \_\_\_\_\_

Change To: \_\_\_\_\_

**Permanent Address**

Previous:

Change To:

Street

Street

P.O. Box or Apartment Number

P.O. Box or Apartment Number

City

State

Zip

City

State

Zip

Student Signature

Date

| Office Use Only |          |
|-----------------|----------|
| Date            | Initials |
|                 |          |

Current on-campus students please bring completed form (along with copies of the required documentation) to the Admissions and Registration Office in the College Welcome Center or to South Sioux City, West Point, or O'Neill. If not on campus, please return the completed form (along with copies of the required documentation) to: Northeast Community College, Admissions and Registration Office, PO Box 469, Norfolk, NE 68702-0469.