

## Personal Information Change Request Form

Student Name:

College Wide ID (current students):		Social Security Number (alumni or prior students):			
Indicate one	or more of the f	ollowin	ng items to b	e changed:	
Student Legal Name Requires a copy (not the orig		ing valid le	gal documents:		
☐ Marriage License ☐ Adoption Cert					
Divorce Decree	Court Order		AN Social Sect		
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	
			Office Use Only		
Student Signature			Date	Initials	
Date					

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.