

OZARKS TECHNICAL COMMUNITY COLLEGE

CHANGE OF STUDENT RECORD INFORMATION FORM Office of the Registrar

PLEASE PRINT

Name: _____

Student ID Number: _____ Date: ____/____/____

Student Signature: _____

Complete ONLY the sections below that need to be updated.

CHANGING NAME?

Last Name: _____ First Name: _____

Staff Initials

*Verification of legal name change is required. Social Security card, driver's license, marriage license, etc. will be accepted.

CHANGING OF GENDER?

Please circle one: Male Female

Staff Initials

CHANGING ADDRESS?

PLEASE NOTE: Changing your address on this form **WILL NOT** change your residency for tuition purposes. Please pick up a Petition for Change of Residency form at Student Services if you wish to be considered for a change of residency.

New Address: _____
Street Address

Staff Initials

City State Zip Code

CHANGING PHONE NUMBERS?

Student Main Contact Phone: (_____) _____ - _____

Staff Initials

Student Cell Phone: (_____) _____ - _____

CHANGING EMERGENCY CONTACT INFORMATION?

Contact Name _____

Staff Initials

Contact Phone Number (_____) _____ - _____