

# OZARKS TECHNICAL COMMUNITY COLLEGE

## CHANGE OF STUDENT INFORMATION Office of the Registrar

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

Student ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**\*\*\*COMPLETE ONLY THE SECTION(S) BELOW THAT NEED TO BE UPDATED. PLEASE PRINT.**

**LEGAL NAME** \*Verification of legal name required. Social Security card, court documents, driver's license, marriage license, etc.

Name on File at OTC: \_\_\_\_\_  
Last First MI

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| Processor<br>Initials |
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New Name: \_\_\_\_\_  
Last First MI

**ADDING A PREFERRED FIRST NAME** (Staff: Enter in Chosen Name field)

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| Processor<br>Initials |
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Preferred First Name: \_\_\_\_\_

**ADDRESS** \*PLEASE NOTE: Changing your address on this form **WILL NOT** change your residency for tuition purposes.  
Please submit a Petition for Change of Residency Status form to be considered for a change of residency.

New Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

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| Processor<br>Initials |
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**PHONE NUMBER(S)**

Main Contact Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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| Processor<br>Initials |
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**EMERGENCY CONTACT INFORMATION**

Add New Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Delete current contact info and add new contact? \_\_\_\_\_ Keep current contact info and add new contact? \_\_\_\_\_

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| Processor<br>Initials |
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**BIRTH SEX** \*Valid driver's license, birth certificate or official state ID card, or order of a court of competent jurisdiction

Please circle one: **Male** **Female**

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| Received by/Date |
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| Processed by/Date |
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