



BIOGRAPHICAL/RESIDENCY DATA UPDATE FORM

PLEASE INDICATE ALL COLLEGES ATTENDED

NLC **NVC** **PAC** **SAC** **SPC**

(ALL CHANGES REQUIRE VALID PICTURE ID)

Please Print Clearly

STUDENT NAME: _____

STUDENT ID: _____

CHECK ITEM(S) TO BE CHANGED

SOCIAL SECURITY NUMBER - Requires SSN card

FROM: _____

TO: _____

STUDENT NAME – Requires valid court document (divorce decree, name change) or marriage license

FROM: _____

TO: _____

TELEPHONE (Available on Student Self-Service)

FROM: _____

TO: _____

CELL **HOME** **BUSINESS**

CELL **HOME** **BUSINESS**

ADDRESS/RESIDENCY (Available on Student Self-Service) – Student must provide appropriate documentation for Residency reclassification

PERMANENT

FROM: _____

TO: _____

STREET _____

STREET _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

LOCAL

FROM: _____

TO: _____

STREET _____

STREET _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

PREFERRED E-MAIL (Available on Student Self-Service)

FROM: _____

TO: _____

DATE OF BIRTH

FROM: _____

TO: _____

(mm-dd-yyyy)

(mm-dd-yyyy)

GENDER

FROM: MALE FEMALE NOT DISCLOSED

TO: MALE FEMALE NOT DISCLOSED

ETHNICITY (White Non-Hispanic, African American, Hispanic, Asian or Pacific Islander, American Indian/Alaska Native, Other)

FROM: _____

TO: _____

Student Signature

Date

For Office Use Only

Scanned Date

Initials