



## Records Maintenance Form

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

**SOCIAL SECURITY NUMBER** \_\_\_\_\_  
(STUDENT MUST PRESENT SIGNED SOCIAL SECURITY CARD TO CHANGE SS NUMBER ON FILE)

**NAME** \_\_\_\_\_  
**LAST** \_\_\_\_\_ **FIRST** \_\_\_\_\_ **MI** \_\_\_\_\_  
(STUDENT MUST PRESENT LEGAL DOCUMENTATION TO CHANGE NAME ON FILE)

**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(STUDENT MUST PRESENT LEGAL DOCUMENTATION TO CHANGE DATE OF BIRTH ON FILE)

**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **COUNTY** \_\_\_\_\_  
**STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**TELEPHONE (HOME)** \_\_\_\_\_  
**TELEPHONE (CELL)** \_\_\_\_\_  
**TELEPHONE (WORK)** \_\_\_\_\_  
**EMAIL ADDRESS** \_\_\_\_\_

**EMERGENCY CONTACT NAME** \_\_\_\_\_  
**EMERGENCY CONTACT TELEPHONE** \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*Request for change will not be processed without student signature.

Revised 1/2015

**PROCESSED**  
Date \_\_\_\_\_  
By \_\_\_\_\_