



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 _____