



# Student Information Update Form

Check the box for the information you wish to change:

Name (Photo ID and notarized court documents required.)

Address / Phone Number / Email Address

\_\_\_\_\_  
Student ctcLink ID

\_\_\_\_\_  
Print Student's Name (old name to be replaced)

\_\_\_\_\_  
Print Student's New / Current Name

\_\_\_\_\_  
New Address (If changing an old address)

\_\_\_\_\_  
City

\_\_\_\_\_  
State, Zip Code

\_\_\_\_\_  
Correct Phone Number

\_\_\_\_\_  
Correct Email Address

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

\_\_\_\_\_  
Date

Please return this form to Enrollment Services located on the 2nd floor of 5000/FOSS Building along with any supporting documentation if this is a change of your name.

For Office Use Only

Date Processed \_\_\_\_\_

Processed by \_\_\_\_\_