



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

Print Student's New 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 _____

Shoreline Community College is committed to nondiscrimination and to providing access and reasonable accommodation in its services, programs, and activities for individuals with disabilities. To request disability accommodation contact Student Accessibility Services, at least ten days in advance at: 206.546.4545, or e-mail at sas@shoreline.edu.