



## Change of Student Information

P									
---	--	--	--	--	--	--	--	--	--

Student Name: \_\_\_\_\_  
Last First Middle

Please complete only the section(s) to be changed. Please print in blue or black ink.

**\*\*NAME CHANGE**

**\*\*DATE OF BIRTH CHANGE/CORRECTION**

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Month Day Year

**\*(One of the following official documents must be submitted: (Divorce Decree or Marriage License) Social Security Card, Texas Identification Card, or Texas Driver's License)**

**\*(Copy of State ID and Birth Certificate required)**

**ADDRESS**

**TELEPHONE**

**\*\*Permanent address AA (Use for Tuition Purposes)**

Street: \_\_\_\_\_

Home: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_

**Mailing address MA (Use for Billing/Mailing Purposes)**

Street: \_\_\_\_\_

Work: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY CONTACT**

**\*\*Permanent Address: Texas Driver's License, Texas Identification Card, Utility Bills, etc. are acceptable, please refer to Laredo College residency guidelines if seeking In-District/Texas Residency.**

Name: \_\_\_\_\_

**\*\*SOCIAL SECURITY NUMBER CHANGE/CORRECTION  
or \*\*\*Tax Identification Number (TIN)**

Phone: \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**E-MAIL ADDRESS**

E-mail address: \_\_\_\_\_

**\*(Copy of Social Security Card required) \*\*\* (Picture ID Required)**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only	Processed By: _____	Date: _____
--------------------	---------------------	-------------