

## **Change of Student Data Request**

Admissions and Records 2088 North Beale Road, Marysville, CA 95901 (530) 741-6720

## PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

Student ID:				Date:		_
Name:					-	
Last		First		Middle		
PLEASE CHANGE THE F	OLLOWING TO:					
New Name:					(Please attach do	ocumentation)
	Last	First		Middle		
New Social Sec	curity Number:			(Please a	attach copy of SS	N card)
Correct Birth D	rate:/	(Please atta	ach documentatio	on)		
New Mailing A	ddress:					
	City		State	Zip		
New Phone Nu	ımber: ( )					
New Major:		(P	lease see College	Catalog for Maj	jor options)	
Major to remove:						
New Educational Goal:			(Please see option	ns below)		
Educational Goal to	Remove:					
Educational Goal Options	S:					
A—Transfer to four-year college with an associate's degree			G— Learn job skills (new career)			
B—Transfer to a four-year college without an associate's degree			H—Update current job skills			
C— Earn a general education associate's degree, A.A.			I—Maintain certific	cate or license		
D—Earn a vocational associate's degree, A.S.			J—Educational development			
E—Earn a vocational certificate			K—Improve basic skills in reading, math, etc			
F—Explore career interests, plans and goals			L—Complete high	school credits		
Student Signature:						
FOR OFFICE USE ONLY: Ed Goal Updated on I			MATI:	Major Ch	anged on SPRO:	
Received by:	Date Re	eceived:		Date Prod	cessed:	
						Revised 04/2020