



Change of Student Data Request

Admissions and Records

2088 North Beale Road, Marysville, CA 95901

(530) 741-6720

Submit form to Admissions & Records in person or by email to ycadmissions@yccd.edu from your college email.

SECTION 1: STUDENT INFORMATION

Student ID: _____

Date: ____/____/____

Name: _____

Last

First

Middle

SECTION 2: PERSONAL INFORMATION CHANGE: (ONLY SELECT AND FILL OUT THE INFORMATION TO BE UPDATED)

Name Change: _____

Last

First

Middle

Chosen/Preferred Name

Legal Name (Please attach documentation)

Social Security Number: _____ (Please attach copy of SSN card)

Correct Birth Date: ____/____/____ (Please attach documentation)

New Mailing Address: _____

City State Zip

New Phone Number: (____) _____

SECTION 3: ACADEMIC INFORMATION CHANGE: (ONLY SELECT AND FILL OUT THE INFORMATION TO BE UPDATED)

New Program(s): _____ (Please see College Catalog for Program options)

Program(s) to remove: _____

New Educational Goal(s): _____ (Please see options below)

Educational Goal(s) to Remove: _____

Catalog Rights Update: _____ Program: _____

EDUCATIONAL GOAL OPTIONS:

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 certificate 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 ASPR: _____

Program Changed on SPRO: _____

Received by: _____

Date Received: _____

Date Processed: _____