



ADDRESS/INFORMATION CHANGE FORM

Modesto Junior College ♦ Records Office ♦ Morris Memorial #105

435 College Avenue ♦ Modesto, CA 95350

209 / 575-6018 Office

209 / 575-6723 FAX

It is important that the college have current contact information for every student. It is your responsibility to report any changes of your information. Failure to do so may prevent important information and/or notices from reaching you, block you from viewing your own information and from adding or dropping classes, etc.

Name: _____
Last, First MI

ID (w #) or SSN #: _____ Date of Birth: _____

Signature: _____ Date: _____

Check and complete the information to be changed:

Name Change from: _____ to: _____

Birthdate from: _____ to: _____

SSN from: _____ to: _____

Telephone from: () _____ to: () _____
Area Code Home () Cell () Work () Area Code Home () Cell () Work ()

Mailing Address: _____ Apt # _____
Street or PO Box

City State ZIP Code

Legal Address: _____ Apt # _____
Street

City State ZIP Code

- ♦ This form may be submitted in person, mail or by FAX.
- ♦ A legible copy of a valid photo ID must accompany request.
- ♦ Additional proof of identification may be required.
- ♦ Incomplete request will not be processed.
- ♦ Name change will cause current PirateLink email to become invalid at 12am tonight.
- ♦ YCCD employees will need to contact HR to update Name / SSN / DOB / Address.

Office Use Only

Document Type Provided:

<input type="checkbox"/> Driver License	<input type="checkbox"/> Student ID Card
<input type="checkbox"/> SSN Card	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Passport	<input type="checkbox"/> Other

<input type="checkbox"/> Datatel	_____ / _____
<input type="checkbox"/> Matrix	_____ / _____
<input type="checkbox"/> IT (Name Change)	_____ / _____