Office Use Only:
Received & ID Verified By: _____
Date: _____
Change Completed By: _____
Date: _____

AMERICAN RIVER COLLEGE
CHANGE OF STUDENT DATA FORM

PLEASE PRINT CLEARLY
All requests require a photo I.D. and any supporting documentation if applicable.
Allow 3-5 business days for processing.

CURRENT STUDENT INFORMATION

Student ID: _____

Name: _____ Phone: _____

PLEASE COMPLETE ONLY THE FIELDS YOU WOULD LIKE TO UPDATE
I hereby authorize the ARC Admissions Office to make the following correction(s) to my record:

□ **New Name:**_____
Last First Middle Initial

□ **Gender:** ☐ **Male** ☐ **Female**

□ **Social Security:**
_____
XXX - XX - XXXX

□ **Date of Birth:** _____
MM/DD/YYYY

□ **Phone Number:** _____

For Name Changes:
Please provide at least two forms of government issued I.D. (one with new name & one with old name) with your request OR a copy of the official name change document from the court.
For Social Security # Changes:
Please provide copy of SSN card.

□ **Emergency Phone Number:** _____ **Accepts Texts?** ☐ **Yes** ☐ **No**

□ **Address:** _____
Street Address

_____
City State Zip

Address Changes:
Have you petitioned for a certificate or graduation?
____ Yes ____No

Evaluations:
Completed by:_____

□ Update high school graduation status on record (provide copy of transcript, GED results, diploma, etc):

□ I earned a High School Diploma:_____
High School Name MM/YYYY State & Country

□ I earned a GED or equivalent:_____
Date Earned State & Country

□ I did not earn a High School Diploma or equivalent.

□ Other correction:_____

STUDENT SIGNATURE: **DATE:**

Revised 04/2018