Riverside Community College
Student Change of Information Form

District employees must also contact the Human Resources Office.
Student employees must also contact the Student Employment Office

NAME: _____ _____ ID or SS No. _____ Date of Birth _____
Last First

1. NAME CHANGE: YOU MUST ATTACH A COPY OF A LEGAL DOCUMENT WITH NEW NAME

New Name: _____, _____ _____
Last First M.I

2. ADDRESS CHANGE

Residential (required):

_____
Street Address Apt#

_____
City State Zip

Mailing Address (if different from legal address):

_____
Street Address Apt. #

_____
City State Zip

New Phone Number: (_____) _____-_____

3. ACADEMIC PROGRAM CHANGE: _____
See list of Academic Programs of Study

4. PRINCIPAL ED GOAL/OR ADMIT STATUS CHANGE: _____

5. OTHER CHANGES _____

_____ _____ _____ _____
Student Signature Date A&R Clerk Date