DATA INFORMATION CHANGE

Name_____ **Date** _____
(before change)

GCCC I.D. No. _____ **EFFECTIVE DATE OF ADDRESS CHANGE**_____

TYPE OF CHANGE:

- ☐ Social Security No.*
- ☐ Last Name*
- ☐ First Name*
- ☐ Middle Initial
- ☐ Chosen Name
- ☐ E-mail Address
- ☐ HOME/PERM Address & Phone #
- ☐ CURRENT Address & Phone #
- ☐ Mail Preferred (select one):
  - ☐ HOME/PERM Address
  - ☐ CURRENT Address
- ☐ Gender/Ethnicity
- ☐ Personal Pronoun (select one):
  - ☐ SHE (she/her/hers)
  - ☐ HE (he/him/his)
  - ☐ THEY (they/them/theirs)
- ☐ Birthdate*
- ☐ Residency*
- ☐ Classification
- ☐ Marital Status
- ☐ Spouse Name
- ☐ Other

(*requires hard copy verification attached to this form)

Change From: _____

Change To: _____

Source/Reason: _____

Date change entered _____
(Registrar's Office)

Signature _____
Student/College Officer

This form must be forwarded to the Registrar's Office