



STUDENT INFORMATION CHANGE FORM

Please Print Clearly

Please Check One:

- Address/Telephone Change
- Name Change **Official or legible copy of a signed Social Security Card **and** Driver's License required

CURRENT INFORMATION:

First: _____ Middle: _____ Last: _____

Student ID # or SSN _____

SPCC email address _____

CHANGE OF ADDRESS (Enter new information only):

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

CHANGE OF NAME*:

First: _____ Middle: _____ Last: _____

*Official or legible copy of a signed Social Security Card **and** Driver's License required.

- Name Changes will be NOT be completed until the end of the current semester.
- This name change does NOT change the login to your GO Portal account or SPCC email account.

STUDENT SIGNATURE:

Signature: _____ Date: _____

Office Use: Changed by _____ Date _____

Submit completed form to the Registrar:
 South Piedmont Community College
 PO Box 126, Polkton NC 28135 | PO Box 5041, Monroe NC 28111
 FAX: 704.272.5303 | 704.993.2425