

## **CHANGE OF INFORMATION FORM**

## For Office Use Only OFFICE OF THE REGISTRAR 2600 Sixth Street S.W. Canton OH 44710 Date Received Phone:330-363-1232 Fax: 330-580-6654 Date Processed It is important that the college has current information on every student, and it is your responsibility to report any changes in this information. Failure to do so may prevent important information/notices from getting to you. Complete this form and submit to the College Office. Please allow 3 days for processing. Fill out this section completely. FIRST NAME LAST NAME STUDENT ID NUMBER STUDENT SIGNATURE DATE CHECK AND COMPLETE WHICH INFORMATION YOU WOULD LIKE CHANGED: ☐ NAME CHANGE \*\*\*A valid photo ID accompanied by a Social Security Card is required for a name change **Former Name New Name ☐** TELEPHONE ☐Home: □Cell: □Work:

City

State

Zip

STREET ADDRESS

Street Name