



CHANGE OF INFORMATION FORM

OFFICE OF THE REGISTRAR

2600 Sixth Street S.W.
Canton OH 44710

Phone: 330-363-1232

Fax: 330-580-6654

For Office Use Only

Date Received

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

M.

LAST NAME

STUDENT ID NUMBER

STUDENT SIGNATURE

DATE

CHECK AND COMPLETE WHICH INFORMATION YOU WOULD LIKE CHANGED:

NAME CHANGE *A Social Security Card is required for a name change**

Former Name

New Name

TELEPHONE

Home:

Cell:

Work:

STREET ADDRESS

Street Name

City

State

Zip