

Change of Student Data



AMERICAN RIVER COLLEGE ♦ COSUMNES RIVER COLLEGE ♦ FOLSOM LAKE COLLEGE ♦ SACRAMENTO CITY COLLEGE

Student ID: _____ Name: _____

Contact Phone Number (for this request): _____

Please provide the information requested below and return this form to the Admissions & Records Office at your college for processing. All requests require a photo I.D and any supporting documentation if applicable. Please allow 3-5 business days for processing.

New Name*: _____
Last First Middle Initial

Social Security Number*: _____
XXX-XXX-XXXX

Date of Birth*: _____

Gender: Female Male Non-Binary Unknown

Phone Number: _____ Emergency (WARN) Phone Number: _____

Mailing Address: _____

***Name, Date of Birth, or Social Security #**

Please provide government-issued documentation showing the correct information (e.g., Driver's license, birth certificate, court documents).

High School Graduation Status**: GED or equivalent High School Diploma No High School Diploma or equivalent

** Provide a copy of your high school transcript, diploma, GED results, etc. If you are changing your status to no high school diploma or equivalent, provide an explanation of the change in status.

Other Data Change: *In the box below, describe the requested change and provide an explanation. Attach any relevant documentation to support the change.*

Student Signature: _____ Date: _____

OFFICE USE ONLY

Received By: _____ Date: _____ Processed by: _____ Date: _____

Notes: