



CHANGE OF STUDENT DEMOGRAPHIC INFORMATION

PRINT your information as it currently appears on your file.

NAME: _____
LAST FIRST MIDDLE

STUDENT ID NUMBER: _____ DATE OF BIRTH: _____

ARE YOU A VETERAN OR USING MILITARY BENEFITS? ___ Yes ___ No BRANCH OF SERVICE: _____

How can we reach you for updates or questions about this request?

Phone _____ Email (non-ACC): _____

Name Change

**Proper documentation must be attached for name change (Ex: marriage certificate, driver's license, SSN card, etc.)*

NEW NAME: _____
LAST FIRST MIDDLE

Address or Phone Change

NEW MAILING ADDRESS: _____

Apt/Lot # _____ County _____

City State Zip

NEW HOME PHONE: _____ NEW CELL PHONE: _____ NEW WORK PHONE: _____

Email Change

NEW EMAIL ADDRESS: _____

SSN Change

**Proper documentation must be attached for a SSN change. (Ex: new SSN card)*

NEW SSN: _____

I authorize Alamance Community College to make the requested changes to my student record.

Student Signature _____ Date _____

System Updated by: _____ Date _____

Alamance Community College, Admissions/Records, PO Box 8000, Graham NC 27253 or Fax (336)506-4264 or scan and email to admissions@alamancecc.edu