



OFFICE OF ADMISSIONS AND RECORDS

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REQUEST FOR CHANGE OF DIRECTORY INFORMATION

Student Name: LAST	FIRST	M.I.
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Student ID Number:	Date of Birth:
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IMPORTANT

Please inform your instructor(s) regarding your name and/or student ID change to avoid being dropped from your classes.

PLEASE CHECK APPROPRIATE BOX(ES)

For **ALL** requests, please provide an official government issued document, such as a photo ID, Social Security card, etc.:

- | | | |
|--|--|---|
| <input type="checkbox"/> Social Security/I.D. Number | <input type="checkbox"/> Duplicate IDs | <input type="checkbox"/> Physical Address |
| <input type="checkbox"/> Date of Birth | ID No. 1 _____ | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> Telephone Number | ID No. 2 _____ | <input type="checkbox"/> Permanent |
| <input type="checkbox"/> Email Address | | <input type="checkbox"/> Both |
| <input type="checkbox"/> Name (Note: When a student requests a name change, he/she must present <u>legal documentation</u> justifying the change, i.e. marriage certificate, court decree, etc. The revised name must appear in Banner exactly as it shows on the legal document.) | | |

CHANGE FROM	CHANGE TO
Social Security/I.D. Number	Social Security/I.D. Number
Name	Name
Telephone Number	Telephone Number
Email Address	Email Address
Date of Birth	Date of Birth
Street Address	Street Address
City, State and Zip	City, State and Zip

Student's Signature: _____ **Date:** _____

For Office Use Only

Received/Verified by : _____	Processed by : _____
Date : _____	Date: _____