STANLY COMMUNITY COLLEGE

INFORMATION CHANGE FORM

PLEASE PRINT

DATATEL ID: _____   **SS#** _____
Currently on Systems   Currently on Systems

NAME: _____
Currently on Systems

Are you currently using your student Gmail account?   ☐ yes   ☐ no

PLEASE CHECK AND COMPLETE ONLY THOSE ITEMS THAT NEED CHANGING:

☐   Name Change: _____
                          Last   First   Middle/Maiden

(EMPLOYEES MUST ATTACH A COPY OF NEW SOCIAL SECURITY CARD WITH NAME CHANGE INDICATED)

☐   Address Change: _____

_____

☐   County of Residency: _____

☐   Phone Number Change: _____ - _____ - _____   Unlisted: ___Y ___N
                                    Area Code   Number

☐   Social Security Number Change: _____

☐   Emergency Contact Change: _____
                                            Name

_____
Relationship   Phone Number - include Area Code

I certify that all of the above information is complete and correct.

_____   _____
Signature   Date

SCC Office Use Only:

Processed by: _____   _____
                      Name   Date