## BIOGRAPHICAL/RESIDENCY DATA UPDATE FORM PLEASE INDICATE ALL COLLEGES ATTENDED

## □NLC □ NVC □ PAC □SAC □ SPC

## (ALL CHANGES REQUIRE VALID PICTURE ID) Please Print Clearly

STUDENT NAME:	STUDENT ID:	
CHECK ITEM(S) TO BE CHANGED  SOCIAL SECURITY NUMBER - Requires SSN card  FROM:	TO:	
□ STUDENT NAME – Requires valid court document (divorce decine) FROM:	ree, name change) or marriage licenso	
☐ TELEPHONE (Available on Student Self-Service) FROM:	TO:	
□CELL □HOME □BUSINESS	□ CELL □ HOME	BUSINESS
☐ ADDRESS/RESIDENCY (Available on Student Self-Service) — Stureclassification PERMANENT	dent must provide appropriate docun	nentation for Residency
FROM:	то:	
STREET	STREET	
CITY, STATE, ZIP	CITY, STATE, ZIP	
LOCAL		
FROM:	то:	
STREET	STREET	
CITY, STATE, ZIP	CITY, STATE, ZIP	
□ PREFERRED E-MAIL (Available on Student Self-Service) FROM:	TO:	
□ <b>DATE OF BIRTH</b> FROM:	то:	
(mm-dd-yyyy) □ GENDER	(mm-dd-)	yyyy)
FROM:     MALE   FEMALE   NOT DISCLOSED	TO:   MALE   FEMALE   NO	T DISCLOSED
□ ETHNICITY (White Non-Hispanic, African American, Hispanic, A FROM:	sian or Pacific Islander, American Ind TO:	
Student Signature	Date For Office Use Only	
	Scanned Date	Initials