ALAMO COLLEGES

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 decree, name change) or marriage license***

FROM: _____ TO:_____

☐ ***TELEPHONE (Available on Student Self-Service)***

FROM: _____ TO:_____

☐***CELL*** ☐***HOME*** ☐***BUSINESS*** ☐***CELL*** ☐***HOME*** ☐ ***BUSINESS***

☐ ***ADDRESS/RESIDENCY (Available on Student Self-Service) – Student must provide appropriate documentation for Residency reclassification***

PERMANENT

FROM: TO:

_____ _____

STREET STREET

_____ _____

CITY, STATE, ZIP CITY, STATE, ZIP

LOCAL

FROM: TO:

_____ _____

STREET STREET

_____ _____

CITY, STATE, ZIP CITY, STATE, ZIP

☐***PREFERRED E-MAIL (Available on Student Self-Service)***

FROM: _____ TO:_____

☐***DATE OF BIRTH***

FROM: _____ TO:_____

(mm-dd-yyyy) ***(mm-dd-yyyy)***

☐***GENDER***

FROM: ☐ MALE ☐ FEMALE ☐NOT DISCLOSED TO: ☐ MALE ☐ FEMALE ☐NOT DISCLOSED

☐***ETHNICITY (White Non-Hispanic, African American, Hispanic, Asian or Pacific Islander, American Indian/Alaska Native, Other)***

FROM: _____ TO:_____

_____ _____

Student Signature Date

For Office Use Only	
Scanned Date	Initials