



Admissions & Records

Information Change Form

Student ID # _____

Name: _____

Last First MI

MAKE THE APPROPRIATE CHANGES - PLEASE PRINT CLEARLY

Name Change: _____

Last First MI

Birth Date: ____/____/____ Social Security Number: ____/____/____

Phone Number _____ Alternative Phone # _____

Email: _____

Address: _____

I certify the changes on this form are true and correct and authorize Palo Verde College to change my student information accordingly.

Student Signature

Date

OFFICE USE ONLY

Type of Documentation: _____ Number: _____

Documentation verified by: _____