



Student Record/Demographic Change Form

Are you currently an employee of any Colorado Community College? (If you are a work study/student worker, you are a CCC employee.) ____ Yes ____ No If yes, changes must be made with your Human Resources Department.

Enter your Name and Student ID Number as they CURRENTLY APPEAR on your student record:

Name: _____
Last Name First Name Middle Name

Student ID (Not SSN): _____ Phone #: _____ Date of Birth: _____

E-mail Address: _____@student.cccs.edu

- Legal documentation is required for name change (i.e., driver's license, social security card, marriage certificate, divorce decree, or court order).
- To change social security number, a copy of the social security card must accompany this form.

CHECK THE BOX(ES) BELOW FOR INFORMATION TO BE CHANGED:

- Colorado residents must also submit documentation to COF/CAN regarding Name or SSN changes. COF Phone: 1-800-777-2757

Name: _____ (Attach appropriate documentation)

Social Security Number: _____ (Attach appropriate documentation)

Address: _____
Street City State Zip Code

- Check all that apply: Make changes to my ____ Mailing ____ Billing ____ Permanent ____ Local Address

Phone Number: _____

E-mail Address: _____

Date of Birth: _____ (Attach appropriate documentation)

Student Signature: _____ Date: _____

Office Use Only

Processed by: _____ Date: _____