



Records Update

Full Name (Print Clearly): _____

Date of Birth: _____ Student ID: _____

Please check the item(s) below to be changed:

NOTE: For Name or Social Security Number changes, you must provide supporting documentation.

Legal Name Change **Prior Last Name** _____

First _____ Middle _____ Last _____

Change/Correct SSN (You must provide a copy of new SSN and a state issued ID)

Change Mailing or Permanent Address (Permanent address cannot be a P.O. Box)

NOTE: This form does not affect residency. You must complete a residency packet (in Admissions).

Mailing: Address: _____

City: _____ State: _____ Zip Code _____

Permanent: Address: _____

City: _____ State: _____ Zip Code _____

Change Phone Number (_____) _____ -- _____

Change E-mail Address _____ @ _____ . _____

Ethnicity _____ **Gender** _____

I certify that the above information is true and correct. I authorize the above changes to be made to my records by Grayson College. I further release Grayson College from any liability regarding this action.

Student's Signature: _____ Date: _____

(Office use only)

POISE _____ Initials _____ Image Now _____ Date _____