

Wayne Community College

GOLDSBORO, NORTH CAROLINA

REQUEST FOR CHANGE OF INFORMATION

INSTRUCTIONS

Enter name and student ID number on all changes. Mark the block beside the items to be changed and enter the current information.

For Use in Office of Admissions and Records

Date Received _____
 Received By _____
 Date Changed _____
 Changed By _____
 Other: _____

<input type="checkbox"/>	NAME	Last	First	Middle	Former
If name change, enter former name here.					
<input type="checkbox"/>	STUDENT ID NUMBER				
If Soc. Sec. No. change, enter previous number.					
<input type="checkbox"/>	ADDRESS	Street, Route, P.O. Box			
		City	County	State	Zip
<input type="checkbox"/>	TELEPHONE				
<input type="checkbox"/>	OTHER				
SIGNATURE				DATE	