



Wayne Community College

# Request for Change of Information

For use in Office of  
Admissions and Records

Date received \_\_\_\_\_

Received by \_\_\_\_\_

Date changed \_\_\_\_\_

Changed by \_\_\_\_\_

Other \_\_\_\_\_

**Instructions: Enter name and social security number on all changes. Mark the block beside the items to be changed and enter the current information.**

<input type="checkbox"/>	Name _____
	Last First Middle Former
	If name change, enter former name here. _____

<input type="checkbox"/> Address	<input type="checkbox"/> Social Security Number _____
Street _____	If Social Security Number has changed, enter previous number here. _____
City _____ County _____	<input type="checkbox"/> Telephone Number
State _____ Zip _____	Cell _____ Home _____

<input type="checkbox"/> Other _____
_____

Signature \_\_\_\_\_ Date \_\_\_\_\_