



Wayne Community College

# Request for Change of Information

**Instructions: Enter name and social security 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"/> Address _____	<input type="checkbox"/> Social Security Number _____ If Social Security Number has changed, enter previous number here. _____
Street _____	
City _____	County _____
State _____	Zip _____
<input type="checkbox"/> Telephone Number _____	
Cell _____	Home _____

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

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