

Student ID* _____

**Indicates required field*

Indicate the information you would like to be updated on your record (check all that apply). **Note:** Updates to address or contact information do not require this form to be completed. You may speak with Enrollment Services to update that information.

 Name Social Security Number Date of Birth

Name changes require: A copy of an official name change document, which includes government-issued photo ID (driver's license, passport, military ID, tribal ID, Alien Registration card, etc.), marriage license, divorce decree, immigration documents, or other government-issued documentation.

Social Security Number changes require: A copy of your signed Social Security card.

Date of Birth changes require: A copy of a government-issued document containing your date of birth, which includes government-issued photo ID, birth certificate, etc.

Previous Information

Full Name* _____

Date of Birth* _____ Social Security Number _____

Updated Information

Full Name* _____

Date of Birth* _____ Social Security Number _____

Student Signature* _____ Date _____

Return completed form to:**EMAIL:** registration@clackamas.edu**FAX:** 503-722-5864**IN PERSON:** Enrollment Services, Roger Rook Hall Lobby**MAIL:** Enrollment Services, Clackamas Community College,
19600 Molalla Ave, Oregon City, OR 97045-7998**OFFICE USE ONLY**

Date Entered:

Staff Initials: