

STUDENT INFORMATION CHANGE FORM**STUDENT INFORMATION:***(Please type or print legibly)***Name:** (First) _____ (M) _____ (Last) _____
*(currently in Waubonsee system)***X-Number:** _____

I hereby certify that, to the best of my knowledge, the information furnished below is true and complete. I request my Waubonsee Community College records be updated accordingly. I understand that if requesting a name change during the semester, it is my responsibility to notify my instructor(s) after the change has been processed.

Student Signature: _____ **Date:** _____**Complete only the boxes below that need updating.*****(Please type or print legibly)*****LEGAL INFORMATION: (These changes must be done in person)***** Legal Name:** (First) _____ (M) _____ (Last) _____**Preferred / Chosen Name:** _____ **Legal Sex:** Male Female *** Date of Birth:** _____ *** SSN #:** _____

** Documentation such as a copy of your Social Security Card (signed), Valid Driver's License or State ID, Marriage License, Valid Passport, Birth Certificate, or Official Court Documentation must be submitted.*

RESIDENCY & CONTACT INFORMATION:**Mailing Address:**

Address _____ City _____ State _____ Zip _____

Permanent Home/Legal Residence Address (if different than above):

Address _____ City _____ State _____ Zip _____

If your resident address status has changed you may need to provide 3 documents to verify (please see Documentation of Residency on www.waubonsee.edu).

Telephone: (Home) _____ Primary contact (Cell) _____ Primary Contact**Email:** _____ Home School Work**Please return form to any Registration and Records Office.****Fax: (630) 466-4964**

Sugar Grove Campus

STC 249 (Student Center)

Aurora Downtown Campus

DWNTN 112

Aurora Fox Valley Campus

FOXVLY 231

Plano Campus

PC 129

11/5/20**Effective Fall 2020**

Waubonsee Community College does not discriminate based on any characteristic protected by law in its programs and activities