

# OZARKS TECHNICAL COMMUNITY COLLEGE

## CHANGE OF STUDENT RECORD INFORMATION FORM Office of the Registrar

### PLEASE PRINT

Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Signature: \_\_\_\_\_

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Complete ONLY the sections below that need to be updated.

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### CHANGING NAME?

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Staff Initials

\*Verification of legal name change is required. Social Security card, driver's license, marriage license, etc. will be accepted.

### CHANGING ADDRESS?

**PLEASE NOTE:** Changing your address on this form **WILL NOT** change your residency for tuition purposes. Please pick up a Petition for Change of Residency form at Student Services if you wish to be considered for a change of residency.

New Address: \_\_\_\_\_

Street Address

City

State

Zip Code

Staff Initials

### CHANGING PHONE NUMBERS?

Student Main Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Student Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Staff Initials

### CHANGING EMERGENCY CONTACT INFORMATION?

Contact Name \_\_\_\_\_

Contact Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Staff Initials