



Name Change Address Update SSN Phone E-mail

Student ID #: _____ **Name:** _____
*** Photo ID must be presented with all request***

Enrollment Information:

Select Semester/Term you are requesting: Year _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Select your Enrollment Status: Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>
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** Are you receiving benefits through the Veterans Administration? _____YES _____NO. If you answered YES, you must complete a VA change of address form in addition to this form. **

***Students requesting a name change must present the original official marriage certificate, divorce papers or court approved documents with appropriate seal showing change of name before it will be changed on a PGCC record. ***

Name Change

Current Name: _____
Last First MI

New Name: _____
Last First MI

Address/Phone/Email Change

Current Address: _____
Number & Street City State Zip Code

New Address: _____
Number & Street City State Zip Code

County: _____ **New E-mail:** _____

New Phone: _____

SSN Verification

You must present the physical SSN card for verification

Social Security#: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I UNDERSTAND THAT I MAY BE SUBJECT TO PENALTY IF FOUND OTHERWISE.

Student Signature: _____ **Date:** _____

ID Verified By: _____ Updated By: _____ Date: _____