Student Records Change Form

DSLCC – Student Services
1000 Dabney Drive ▪ Clifton Forge, VA  24422
Phone: 540-863-2820 ▪ Fax: 540-863-2915

Name: ___________________________ Empl ID: ___________________________

Change of: □ Address □ Phone □ Name □ Date of Birth □ SSN

(Please complete only the area(s) below that need to be changed)

Address

Mailing Address: __________________________________________________________

____________________ ____________________ ________________________
City State Zip

City or County (where you reside): ________________________________________

Phone Numbers: ______________________ ______________________ ______________________

Home Mobile Business

*** Changes To: Name, Date of Birth, and Social Security Number ***

Require a legal or government issued photo id (Ex: driver’s license or passport). If you do not have a valid ID, we must have a copy of signed social security card, divorce decree, marriage certificate, birth certificate or other court issued documents. Copies of certifying documents listed above must be stapled to this form.

Legal Name

Previous Name: __________________________ / __________________________ / __________________________

Last First Middle

New Name: __________________________ / __________________________ / __________________________

Last First Middle

Date of Birth Correction

Previous DOB: _______ / _______ / _______ Correct DOB: _______ / _______ / _______

Social Security Number Correction

Previous SS#: _______ / _______ / _______ Correct SS#: _______ / _______ / _______

Student Signature: __________________________ Date: __________________________

***Student Services Office Use Only***

□ IDs/Documents Verified □ Corrected in SIS

Staff Initials: __________________________ Date Entered: __________________________