



# Student Records Change Form

CVCC Office of Admissions & Records

3506 Wards Road ▪ Lynchburg, VA 24502-2498

Phone: 434-832-7633 ▪ Fax: 434-832-7793

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

Empl ID#: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Change of:  Address

Phone

Name

SSN

E-mail

*Please complete only the areas in which a change is being made*

### Address/Phone/E-mail Changes

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

New City: \_\_\_\_\_

New State: \_\_\_\_\_ New Zip: \_\_\_\_\_

New City or County: \_\_\_\_\_

New Phone Number(s): \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Cellular)

New E-Mail Address: \_\_\_\_\_

### Name Changes

\*\* Records must have a copy of driver's license or valid photo ID to change names. If you do not have a valid ID we must have copy of divorce decree, marriage certificate or legal documentation.

Previous Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)

New Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)

### SSN Changes

\*\*College policy requires documentation for changes to your SSN# (copy of SSN card)

Previous Social Security#: \_\_\_\_\_ New Social Security #: \_\_\_\_\_

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

### Records Office Use only:

IDs/Documents Verified  Corrected in System Staff Initials: \_\_\_\_\_ Date entered: \_\_\_\_\_