

Change:	☐ Name	☐ Address
Correct:	☐ DOB	☐ SSN/ITIN

	Please print legibly.		
STUDENT ID	PHONE NUMBER		 -
NAME (Full legal name)			
CURRENT ADDRESS	City	Civi	7:
Street	,	State	Zip
DATE OF BIRTH Month/Day/Year	EMAIL ADDRESS		
Signature		Date	
Complete only the section belo	ow that applies to the change o	r correction you are i	making.
□ LEGAL NAME CHANGE (Documentation m Note: TCC WebAdvisor User ID and email wi Are you employed by TCC? □ Yes* □ No *TCC full-time, part-time and student en Previous name (Full legal name)	Il be updated and your password will be is mployees must present Social Security ca	reset to default.	
Current name (Full legal name)			
CHOSEN NAME CHANGE Students may choose to identify themselve student's chosen name may appear instead chosen first name is not being used for the Previous first name	d of the legal name in select college-relate purpose of misrepresentation.	d systems and documents,	provided that th
Chosen first name			
☐ ADDRESS CHANGE (Documentation may be	pe required for residency status changes.)		
Current address (Street)	(Phone)		
(City/State/Zip)	(County)		
DATE OF BIRTH CORRECTION (Document	•	5.)	
Date of birth on record (Month/day/year)			
	ECTION		
☐ INDIVIDUAL TAXPAYER IDENTIFICATION NU			
(Documentation is required for Individual Ta	axpayer Identification Number addition/c	hanges.)	
	-		
Tax regulations require TCC to report student		iN is not provided.	
☐ SELECT THIS BOX IF YOU DECLINE TO O	R CANNOT PROVIDE A SSN or TIN.		
	OFFICE USE ONLY		
□ Drivers License □ SSN Card □ IRS Form W-7 No		ourt Order	Divorce Decre
□NE □NW □SO □SE □TR □District		DRUS Required: \square Y	es (Name) \square No
Received by Pr	ocessed by	Processed by	

Date

Date

Date_