



Change of Name/Address/Phone

NAME: _____	PREVIOUS NAME: _____
STUDENT ID # _____	OR LAST 4 DIGITS OF of SSN # _____

PREVIOUS ADDRESS	NEW ADDRESS
PREVIOUS PHONE NUMBER	NEW PHONE NUMBER

Student's Signature _____ *Today's Date* _____

-----Admission Office Use Only-----

Input by: _____ *Today's Date* _____

Please notify any ICC Department impacted by this change.