



Student Information Change Form

29 Cougar Ct * Taft, CA 93268
Telephone (661) 763-7741 * FAX (661) 763-7758
admissions@taftcollege.edu

Name: _____ TC ID: **A# or SSN** _____

Please identify any of the following information that needs to be updated:

Name Change: Please note: All name change request must be submitted with a photo ID of the old name as it appears in our system AND a Photo ID and Social Security Card of the new name as it will appear on your records.

New Name: _____
Last First MI

Old Name: _____
Last First MI

Social Security #: _____ (Correct SSN) _____ (Incorrect SSN)

SSN change requests submitted without verification of a new Social Security card will remain unprocessed

Date of Birth: _____ (Correct DOB) _____ (Incorrect DOB)

Mailing Address: _____
Address City State Zip

Permanent Address: _____
Address City State Zip

Phone Number: Home: () Cell: () Work: ()

E-mail Address: _____

Emergency Contact: _____ () _____
Print Name Relationship Phone Number

I certify that all the above information is completed and correct.

Student's Signature

Date

Staff Initials