

# CHANGE OF INFORMATION FORM

## INFORMATION ON CURRENT RECORD

STUDENT ID #: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(DO NOT USE YOUR SOCIAL SECURITY NUMBER)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Are you a KCTCS Employee or Work Study Student? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you receive Veterans Benefits? YES \_\_\_\_\_ NO \_\_\_\_\_

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## PLEASE INDICATE THE CHANGES YOU WOULD LIKE MADE

### NAME CHANGE

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

### ADDRESS CHANGE

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

### ACADEMIC PLAN CHANGE

Current Academic Plan \_\_\_\_\_

New Academic Plan \_\_\_\_\_

### HOME CAMPUS CHANGE

Home Campus \_\_\_\_\_ New Home Campus \_\_\_\_\_

### GRADUATION DATE CHANGE

Please Change My Graduation Date To \_\_\_\_\_

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

##### ADVISOR CHANGE

New Advisor (PRINT) \_\_\_\_\_

New Advisor (SIGNATURE) \_\_\_\_\_

Date Completed \_\_\_\_\_ Initials \_\_\_\_\_

03/08/2012