



PERSONAL INFORMATION CHANGE FORM

This request form will change records in the Banner Student Records Data Base. Columbus Technical College will not accept changes to student records in any form other than written, signed, and dated requests from the individual affected.

PLEASE PRINT ALL INFORMATION EXCEPT REQUIRED SIGNATURE.

NAME AS IT APPEARS CURRENTLY IN STUDENT RECORDS: This block must be completed for ALL CHANGE REQUESTS.

First Name: _____ M.I. _____ Last Name: _____

NAME CHANGE: Request that name be changed to:

First Name: _____ M.I. _____ Last Name: _____

ADDRESS CHANGE: The following address shall replace any address currently in the student records data base as of DATE: _____ (give date that new address is active).

Mailing Address:

City: _____ State: _____ Zip: _____ County: _____

Day Phone: _____ Other Phone: _____

Email address: _____

EMERGENCY CONTACT: the following contact will replace any currently in records:

Name: _____ Phone: _____

Address: _____

For Identification and verification purposes, enter social security number and date of birth:

SS# _____/_____/_____ Date of Birth: _____

My Signature below indicates my request and my permission to change records pertaining to me in the Columbus Technical College Student Data Base.

Signature

Date