



# COLUMBUS TECHNICAL COLLEGE

## PERSONAL INFORMATION CHANGE FORM

This request form will change records in the Banner Student Records database. 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:

SSN# or Student Id# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date