

COLLEGE OF THE SISKIYOU

Admissions & Records

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CHANGE OF STUDENT INFORMATION

Last Name: _____ **First Name:** _____ **MI:** _____
Date of Birth: _____ **SID:** S00-_____ **SSN:** _____
Student Signature: _____ **Date:** _____

TYPE OF CHANGE

Please check and complete *only* the sections below, which require correction.

SSN: _____

Name Change:

Name: _____
(Please attach legal documentation)

Local Address/Phone Change

Permanent Address/Phone Change

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Personal Email Change

Email Address: _____

FOR OFFICIAL USE ONLY

Processed by: _____ **Date:** _____