

**COLLEGE OF THE SISKIYOU**

**Admissions & Records**

800 College Avenue, Weed CA 96094 \* Fax: 530-938-5367 \* [registration@siskiyous.edu](mailto:registration@siskiyous.edu)

**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:** \_\_\_\_\_