

Admissions & Records

College of the Siskiyous, 800 College Ave., Weed, CA 96094
Phone: (530) 938-5500 - Fax: (530) 938-5367 – Email: registration@siskiyous.edu

Change of Student Information

Please send any required documentation to registration@siskiyous.edu

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Student ID#: S00 _____ or SSN: _____

COS Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Type of Change

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

- Social Security Number Change:** (Please provide copy)

SSN: _____

- Name Change:**

Name: _____
(Please provide legal documentation)

Preferred Name: _____

- Local Address/Phone Change**

- Permanent Address/Phone Change**

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

- Personal Email Change**

Email Address: _____

- Confidential Directory Information**

Make my Information Confidential: Yes No

Student Signature: _____

Date: _____

Office Use Only

Signature _____

Date _____