

\_\_\_\_\_  
**LAST**                      **FIRST**                      **MIDDLE**  
 \_\_\_\_\_  
**SOCIAL SECURITY/STUDENT I.D. NUMBER**                      **DATE**

### COLLIN COUNTY COMMUNITY COLLEGE MASTER RECORD CHANGE

#### NAME CHANGE REQUEST: PLEASE PRINT

**FROM:**

\_\_\_\_\_

Last                                      First                                      Middle

**TO: New (Legal) Name: (LEGAL DOCUMENTATION REQUIRED)**

\_\_\_\_\_

Last                                      First                                      Middle

#### Student Assigned ID or Social Security Number Change

LEGAL DOCUMENTATION REQUIRED

**FROM:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**TO:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### ADDRESS/BIO DATA CHANGE REQUEST

**FROM:** Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

E-mail: \_\_\_\_\_

**TO:** Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

E-mail: \_\_\_\_\_

OFFICE USE ONLY

OLD RES CODE: \_\_\_\_\_

NEW RES CODE: \_\_\_\_\_

CHANGED FOR TERM: \_\_\_\_\_

FILE IN TERM: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Visa type? \_\_\_\_\_

Date to ISO \_\_\_\_\_

With few exceptions, state law gives you the following rights regarding the information collected by CCCCDC about you: The right to request to be informed about the information, the right to receive and review the information and the right to correct information about you that is incorrect.