



Personal Information Update Form

Check appropriate box and provide information as necessary below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Address Change | <input type="checkbox"/> Phone # Change |
| <input type="checkbox"/> Birth Date Change | <input type="checkbox"/> Social Security Number Change | |

Important: Changes to your name, social security number or birthdate require supporting legal documentation. In order to process a change to your name, social security number or birthdate, please fax or mail a copy of one of the following documents that would provide us legal proof of your requested change with this form: **Military ID, passport or marriage license.**

Unfortunately, a name change cannot be applied to your MyCCC User Name or CCCD Email address.

Use the form below to provide us the information you are requesting we update on your student record. You may either type or write upon this form. Please print and sign before submitting:

Name _____
First Middle Last

Student ID # or SSN #: _____ **Birthdate:** _____
Month/day/year

New Information – Fill in only data to be updated

Name _____
First Middle Last

Legal/Permanent Address

Number & Street City State Zip Code

Mailing Address (if different than above)

Number & Street City State Zip Code

Phone # (Day) _____ **(Eve.)** _____

Email Address _____ **Alternate Email Address** _____

Student Signature: _____ **Date:** _____

Mail to: Coastline Community College, Military Student Services, 11460 Warner Avenue, Fountain Valley, CA 92708
or Fax to: (714) 241-6270 **or Scan and Email:** milreg@coastline.edu