



**COSUMNES**  
RIVER COLLEGE

# Admissions and Records Office Change of Data Form

**\*\*PLEASE PRINT CLEARLY\*\***

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Semester:  Summer  Fall  Spring Year: \_\_\_\_\_

**ONLY CHECK APPLICABLE BOXES AND PROVIDE INFORMATION TO UPDATE:**

New Name: \_\_\_\_\_  
Last First Middle Initial

Social Security: XXX-XX-\_\_\_\_\_  
Last 4 digits only

Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Update Citizenship status to: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address  
City State Zip

**For Name/Social Security Number/  
DOB Changes:**  
Please provide at least one government issued document showing correct information (i.e. Driver's license, California I.D., Birth Certificate-for DOB changes only, DMV print out, passport).  
  
**Undocumented Students/Dreamers:**  
Are not required to provide the above to update Citizenship status to "Other".

Day Phone Number: (\_\_\_\_) \_\_\_\_\_  Evening Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_  Emergency (WARN) Phone number: (\_\_\_\_) \_\_\_\_\_  
Accepts Texts?  Yes  No

***I hereby authorize the CRC Admissions and Records Office to make the above correction(s) to my record. I understand that if I ever worked or currently work within Los Rios Community College District, I am REQUIRED to submit an additional form for name or address changes to the CRC Business Office.***

**STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**Admissions Office Use Only:**

1. Employee Hold on student's record?  Yes  No  
2. Student provided with Business Office Name/Address Change?  Yes  N/A  
3. Recently petitioned for Graduation/Certificate?  Yes  No  
If yes, update Graduation/Certificate Petition Information?  Yes  No  N/A

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

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Processed By: \_\_\_\_\_ Updated in Access (If applicable): \_\_\_\_\_

Comments: \_\_\_\_\_