



The Peninsula's Community College

Notification of Personal Information Change/Correction

Student's Name: _____ Student's EMPLID: _____

NAME CHANGE/CORRECTION

Name: (Last, First, Initial)
-OLD-

Name: (Last, First, Initial)
-NEW-

ADDRESS CHANGE/CORRECTION

Street Address: _____ Apt. Number: _____

City, State, Zip: _____ Telephone: _____

SOCIAL SECURITY NUMBER CHANGE/CORRECTION

Social Security Number:
-OLD-

Social Security Number:
-NEW-

DATE OF BIRTH CHANGE/CORRECTION

Date of Birth:
-OLD-

Date of Birth:
-NEW-

GENDER

Gender
-OLD-

Gender
-NEW-

Student's Signature/Date: _____ Processed By/Date: _____