Student Data Change Form

ESCC
where tomorrow begins
Eastern Shore Community College

Change of:

☐ **Birthdate**
☐ **Name**
☐ **SSN**

Student Name: _____

Empl ID#: _____

Please complete only the areas in which a change is being made

Date of Birth	**College policy requires documentation for changes to your date of Birth (copy of driver's license)

Date of Birth: _____

Name Changes	** Records must have a copy of driver's license or valid photo ID to change names.

Previous Name: _____/_____/_____
(Last)   (First)   (Middle)

New Name: _____/_____/_____
(Last)   (First)   (Middle)

SSN Changes	**College policy requires documentation for changes to your SSN# (copy of SSN card)

Social Security #: _____

_____   _____
Student Signature   *Date*