



The Peninsula's Community College

Notification of Personal Information Change/Correction

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

<u>NAME CHANGE/CORRECTION</u>	
Name: (Last, First, Initial) -OLD-	Name: (Last, First, Initial) -NEW-
<u>ADDRESS CHANGE/CORRECTION</u>	
Street Address: _____ Apt. Number: _____	
City, State, Zip: _____ Telephone: _____	
<u>SOCIAL SECURITY NUMBER CHANGE/CORRECTION</u>	
Social Security Number: -OLD-	Social Security Number: -NEW-
<u>DATE OF BIRTH CHANGE/CORRECTION</u>	
Date of Birth: -OLD-	Date of Birth: -NEW-
GENDER	
Gender -OLD-	Gender -NEW-

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