



Office of Admissions and Records

444 Appleyard Drive Tallahassee, Florida 32304 (850) 201-8555 www.tcc.fl.edu

PERSONAL INFORMATION CHANGE FORM

Student Name: _____ Student ID#: _____

Type of Student – (Check one): Degree seeking Non-Degree Seeking Vocational HS/Dual Enrollment

Student's Signature: _____ Today's Date: _____

CHANGE OF LOCAL ADDRESS:	_____ Number and Street Name Apt. #		
	_____ City ST ZIP County		
	_____ Home Phone Cell Phone		
CHANGE OF PERMANENT ADDRESS:	_____ Number and Street Name Apt. #		
	_____ City ST ZIP County		
	_____ Home Phone Cell Phone		
CHANGE OF EMERGENCY CONTACT:	_____ First Name Last Name Relationship (father, mother, etc.)		
	_____ Number and Street Name Apt. #		
	_____ City ST ZIP County		
	_____ Home Phone Cell Phone		
CHANGE OF NAME TO: <i>(REQUIRED: Copy of Marriage Certificate or Court Document AND copy of Driver License)</i>	First: _____ Middle: _____ Last: _____	FROM:	First: _____ Middle: _____ Last: _____
CHANGE GENDER TO: <i>(REQUIRED: Copy of Driver License or state issued ID Card)</i>	_____ New Gender	FROM:	_____
CHANGE/CORRECT SOCIAL SECURITY NUMBER TO: <i>(REQUIRED: Copy of social security card and Driver License. Last name must be the same on both documents)</i>	_____ New Number	FROM:	_____ Old Number or assigned 900 number
BIRTH DATE CORRECTION TO: <i>(REQUIRED: Copy of Driver License)</i>	_____ Correct Date	FROM:	_____ Incorrect Date
Admissions and Records Office Use Only			
Request Processed by: _____ Date Request Processed: _____			