



**Admissions Student Data Change Form**  
**(PLEASE PRINT)**

Name \_\_\_\_\_  
Last First Middle

Student College –Wide ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Complete the appropriate section below. Submit this form and your **REQUIRED** supporting documentation to the Admissions Office to update your student account. Submit in person or email to [delgadoadmissions@dcc.edu](mailto:delgadoadmissions@dcc.edu). Forms completed incorrectly or missing supporting documentation will not be processed.

- 1) **Date of Birth Correction- Valid picture ID showing correct date of birth or birth certificate.**
  - o I wish to update my Date of Birth: From \_\_\_\_\_ To: \_\_\_\_\_
- 2) **Social Security Number Correction - Valid picture ID and the actual social security card. Card must be signed.**
  - o I wish to update my Social Security number: From \_\_\_\_\_ To: \_\_\_\_\_
- 3) **Gender Correction - Valid picture ID or birth certificate showing correct gender.**
  - o I wish to update my Gender: From \_\_\_\_\_ To: \_\_\_\_\_
- 4) **Name Correction/ Change - a valid picture ID and one of the following supporting documents: social security card, birth certificate, marriage license, or divorce decree.**

o I wish to update my Name:

From: \_\_\_\_\_  
Last First Middle

To: \_\_\_\_\_  
Last First Middle

5) **Legal Name/Gender Change** - a valid picture ID and official court documentation supporting the name/gender change. Complete appropriate Name and Gender sections above.

Reason for Name Change: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Misspelled \_\_\_\_\_ Other (Explain) \_\_\_\_\_

Is your FASFA in suspense due to the issue? Yes  No

**NOTE: I understand that if I am changing my name, it is my responsibility to notify my instructor(s) of such changes to my email and Canvas accounts.** \_\_\_\_\_ (initials)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only:				
Processed By _____			Date _____	
<input type="checkbox"/> Suspended Admissions Application	<input type="checkbox"/> Suspended FASFA Application	<input type="checkbox"/> Web App Merger	<input type="checkbox"/> Duplicate Social Issue	<input type="checkbox"/> Duplicate ID or Record Merged