



GUAM COMMUNITY COLLEGE  
Kulehon Kumuniddat Guahan  
Accredited by the  
Western Association of  
Schools and Colleges

# CHANGE OF STUDENT INFORMATION REQUEST

Received by: \_\_\_\_\_ on \_\_\_\_\_

## Name, Address and Other Information

LEGAL NAME: \_\_\_\_\_ STUDENT ID NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_ TELEPHONE NUMBER.: \_\_\_\_\_

### CHANGE OF NAME

FROM

TO

Last: \_\_\_\_\_ Last: \_\_\_\_\_

First: \_\_\_\_\_ First: \_\_\_\_\_

Middle: \_\_\_\_\_ Middle: \_\_\_\_\_

CHANGE BY MARRIAGE

BIRTH CERTIFICATE

CHANGE BY COURT

### CHANGE OF ADDRESS

FROM

TO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CHANGE OF CONTACT NUMBERS

FROM

TO

\_\_\_\_\_  
\_\_\_\_\_

### OTHER CHANGES

FROM

TO

\_\_\_\_\_

Currently enrolled:  Yes  No If No, semester and year last attended: \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Changes made in Computer system,  
Cumulative folder**

**Data Entry Stamp, Initials & Date**

1. Student File

2. Student Copy (Issued to student upon request)

REVISED: 04/06