

LAST FIRST MIDDLE
 CUID NUMBER DATE

COLLIN COUNTY COMMUNITY COLLEGE
 ADMISSIONS AND RECORDS OFFICE

NAME CHANGE REQUEST: PLEASE PRINT

MASTER RECORD CHANGE

FROM: _____

Last First Middle

TO: New (Legal) Name: (LEGAL DOCUMENTATION REQUIRED)

Last First Middle

LEGAL DOCUMENTATION REQUIRED

FROM: _____

TO: _____

ADDRESS/BIO DATA CHANGE REQUEST

FROM: Address: _____ Apt # _____

City/State/Zip _____

Home phone: _____ Business phone: _____

Cell phone: _____

Birth date: _____ Gender: _____

E-mail: _____

TO: Address: _____ Apt # _____

City/State/Zip _____

Home phone: _____ Business phone: _____

Cell phone: _____

Birth date: _____ Gender: _____

E-mail: _____

OFFICE USE ONLY

OLD RES CODE: _____

NEW RES CODE: _____

CHANGED FOR TERM: _____

FILE IN TERM: _____

PROCESSED BY: _____

DATE: _____

Visa type? _____

Date to ISO _____

5725-10JC

Rev 8/2005

With few exceptions, state law gives you the following rights regarding the information collected by CCCCD about you: The right to request to be informed about the information, the right to receive and review the information and the right to correct information about you that is incorrect.