



Ventura County Community College District

REQUEST TO CHANGE PERSONAL INFORMATION (Photo ID and Documentation Required)

Student Name _____

Last

First

Middle

Student ID # _____ Phone No. () _____

CHANGE OF SOCIAL SECURITY NUMBER/TAXPAYER ID NUMBER (Provide social security or TIN card/documentation)

Old Social Security Number _____

New Social Security Number _____

STAFF ONLY: SSN card ___ TIN card ___ Other ___

CHANGE OF ADDRESS (Provide picture ID card that verifies address)

Old Legal Address: _____
Number/Street City State Zip

New Legal Address: _____
Number/Street City State Zip

New Mailing Address (if different from legal address):

Number/Street City State Zip

CHANGE OF NAME (Provide picture ID that verifies new name)

Old Name: _____

New Name: _____

Reason for change: _____

CHANGE OF PERSONAL EMAIL ADDRESS (College emails are only sent to your “@my.vcccd.edu” email)

Old Email: _____

New Email: _____

I certify under penalty of perjury that the information provided above is true and accurate to the best of my knowledge.

Student Signature _____ Date _____