



Change of Information Request

Admissions & Records (916) 660-7340

NCC (530) 274-5302

Tahoe/Truckee (530) 550-2209

Complete this form and submit to Admissions & Records. Allow three business days for processing.

To change any of the following information on the front side of this request:

- Provide a valid photo ID and documents that contain your identity. Refer to the list of Acceptable Documents (below) for appropriate documentation.
- International students cannot submit a name change request unless approved for a change of status with USCIS. Please see the International Student Office for additional information.
- Current Sierra College student employees: Complete and attach an I-9 form.

Acceptable Documentation includes but is not limited to:

- Social Security Card
- Marriage Certificate/License
- Court Document
- Driver's License or ID Card
- Passport
- Government ID Card

Student Information:

Name: _____ Student ID#: _____
Last First MI

Signature: _____ Date: _____

Name Change:

Attach proof of correct name (please refer to the List of Acceptable Documents above)

Change from: _____
Last First MI

Change to: _____
Last First MI

Social Security Number Change:

Attach proof of correct SSN (please refer to the List of Acceptable Documents above)

Incorrect SSN: _____ - _____ - _____

Correct SSN: _____ - _____ - _____

Date of Birth Change:

Attach proof of date of birth (DOB) change (please refer to the List of Acceptable Documents above)

Incorrect DOB: ____ / ____ / _____

Correct DOB: ____ / ____ / _____

Gender Change:

Attach proof of gender change (please refer to the List of Acceptable Documents above)

Previous gender: Male Female Other

Current gender: Male Female Other

****The following items only require a photo ID ****

Telephone Change:

Home: _____

Mobile: _____

Work: _____

Address Change:

Mailing Address:

Street Name and Number: _____

Apartment/Suite/P.O. Box: _____

City, State, Zip Code: _____

Legal Address (If different):

Street Name and Number: _____

Apartment/Suite/P.O. Box: _____

City, State, Zip Code: _____

Personal Email Change:

Email: _____

Financial Aid recipients: Please also notify the Financial Aid Department.

A&R Office Use only: ID checked by: