

## ADMISSIONS AND RECORDS OFFICE STUDENT UPDATE FORM

Please Print - Use **Black or Blue Ink Only** (Do not use pencil)

Chaffey ID # \_\_\_\_\_ Social Security # \_\_\_\_\_

Student Name \_\_\_\_\_  

Last
First
MI

### SOCIAL SECURITY NUMBER, NAME and/or DATE OF BIRTH CHANGES

(Must present Social Security card, CA driver's license, marriage certificate, birth certificate, or other document showing the correct information)

PLEASE CHANGE MY **SOCIAL SECURITY NUMBER** AS FOLLOWS:

Incorrect Number \_\_\_\_\_ Correct Number \_\_\_\_\_

PLEASE CHANGE MY **NAME** AS FOLLOWS:

Previous Name \_\_\_\_\_  

Last
First
MI

Current Name \_\_\_\_\_  

Last
First
MI

PLEASE CORRECT MY **DATE OF BIRTH** AS FOLLOWS (MM/DD/YY): Wrong DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Correct DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PRINCIPLE EDUCATIONAL GOAL

PLEASE CHANGE MY **PRINCIPLE EDUCATIONAL GOAL** TO: (Check applicable box)

- |  |   |
|--|---|
| <p>A <input type="checkbox"/> Obtain Bachelor's degree after completing Associate degree</p> <p>B <input type="checkbox"/> Obtain Bachelor's without completing Associate degree</p> <p>C <input type="checkbox"/> Obtain two-year Associate degree without transfer</p> <p>D <input type="checkbox"/> Obtain two-year vocational degree without transfer</p> <p>E <input type="checkbox"/> Earn vocational certificate without transfer</p> <p>F <input type="checkbox"/> Discover/formulate career interests, plans, goals</p> <p>G <input type="checkbox"/> Prepare for new career (acquire job skills)</p> | <p>H <input type="checkbox"/> Advance in current job/career (update job skills)</p> <p>I <input type="checkbox"/> Maintain certificate or license (e.g. Nursing)</p> <p>J <input type="checkbox"/> Educational development (intellectual, cultural)</p> <p>K <input type="checkbox"/> Improve basic skills in English, reading, or math</p> <p>L <input type="checkbox"/> Complete credits for high school diploma/GED</p> <p>M <input type="checkbox"/> Undecided goal</p> |
|--|---|

**OTHER MISCELLANEOUS CHANGES (Please describe):**

**I DO NOT WANT MY DIRECTORY INFORMATION RELEASED TO ANYONE.**

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

**OFFICE USE ONLY**

Received in Admissions on: \_\_\_\_\_ Received by: \_\_\_\_\_ Processed by: \_\_\_\_\_

**CHANGES COMPLETED (Mark all that apply):**

- Social Security Number Change  Name Change  Date of Birth Change  Principle Educational Goal Change  FERPA Block  Other Misc. Changes