COLUMBIA STATE COMMUNITY COLLEGE

Enrollment Services
1665 Hampshire Pike
Columbia, TN 38401
(931) 540-2581
(931) 560-4112 (fax)

REQUEST FOR CHANGE OF NAME, SOCIAL SECURITY, and/or DATE OF BIRTH

TO AVOID GRADING ERRORS, THE STUDENT MUST NOTIFY EACH INSTRUCTOR OF THESE CHANGES!

Copy of driver's license, marriage certificate, or social security card is <u>REQUIRED</u> for <u>name changes.</u>

Copy of social security card is <u>REQUIRED</u> for <u>social security changes</u> (copy of driver's license is acceptable if SS# appears on license).

Copy of driver's license or birth certificate is <u>REQUIRED</u> for <u>date of birth changes.</u>

Submit completed and signed form <u>with required documentation</u> to Enrollment Services.

processing@columbiastate.edu

1. **Please print your name and social security number as it is currently listed on your academic records:**

Name: _____   Social Security # _____

2. ❑ **NAME CHANGE** (Print your new name as you wish it to appear on your records.)

_____/_____/_____
Last Name   First Name   Middle/Maiden

3. **If you have filed for graduation and want your new name on your diploma check here _____**

4. ❑ **SOCIAL SECURITY CHANGE** Old Social Security #: _____ New Social Security #: _____

5. ❑ **DATE OF BIRTH CHANGE MY CORRECT BIRTHDAY IS _____**

6. **What is your current phone number?** (_____)_____

7. **What is your personal email address?** _____

_____ _____ Rev. 11/21/19

Signature Form will not be processed without signature or without proper documentation **Date**