THREE RIVERS COLLEGE

Change of Personal Information

Information to be changed:

☐ **Name*** ☐ **Address** ☐ **Phone Number** ☐ **Emergency Contact** ☐ **All Information**

***Copy of marriage license, divorce decree, or court order must be provided for all name changes**

Name: _____
First Middle Last Maiden/Former

Mailing Address: _____
Street City State Zip

Phone Number(s): _____
Home Cell

Emergency Contact Name: _____
First Last

Emergency Contact Phone Number(s): _____

Emergency Contact Relationship: _____

Student Signature: _____ Student ID#_____

Office Use Only

Staff:_____ Date:_____

Revised 6-4-2020