

**CHANGE OF DEMOGRAPHIC INFORMATION**  
 Office of Admissions and Records-Evergreen Valley College  
 NAME  
 ADDRESS  
 ACADEMIC PROGRAM

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Social Security Number

Colleague ID # \_\_\_\_\_

**PLEASE PRINT**

Date:

Name:			Date of Birth
Last	First	Middle	

**CHANGE OF ADDRESS**

To:	Street	City	Zip Code
	Telephone	Academic Program	Student Signature

**CHANGE OF NAME: Not changing name for fraudulent or misrepresentative reasons.**

Former Name:	Last	First	Middle
Current Name:	Last	First	Middle

**FOR OFFICE USE ONLY**

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