

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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