



Admissions & Records Change of Status Form

Please email the completed form to evcar@evc.edu For merging duplicate records, please present a physical copy of your Social Security Card and/or a valid ID, and allow us 7 to 10 business days to process your request.

Student ID # _____

Name _____ Last _____ First _____ Middle _____ Date of Birth _____

Change Address:

Street _____ City _____ Zip Code _____

E-mail _____ Phone()_____

Change Name:

Former Name _____ Last _____ First _____ Middle _____

Current Name _____ Last _____ First _____ Middle _____

Change Social Security Number:

Student *MUST* present a copy of original Social Security Card

Incorrect Number: _____

Incorrect Number: _____

Correct Number: _____

Correct Number: _____

Change Major:

Signature _____