



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 : _____

Correct Number: _____

Duplicate Student ID:

Incorrect Number: _____

Correct Number: _____

Change Major: _____

Signature _____