CHANGE IN STUDENT INFORMATION

	Academic Continuing Education					
Student ID or SS #		Last Name	Last Name First Name		M.	
Stude	ent Signature		Date			
Pleas	e change the following info	rmation as indicated belo	w (Complete O	NLY those items re	quiring change	<u>=)</u>
	Social Security Number (Required: Attach Copy of	SS Card)			
	Legal Name*:	Last Name		rst Name		
	Name Change Due To: Chosen First Name*			Court Order se or Valid Identification		ner/Personal
	Contact Information:	Email Address	AND/OR	Phone Number		
	New Mailing Address:	Number/Street	City	State	County	Zip
	NOTE: If you need to char information and the char Preferred pronoun:	ge residency information	form.	THEY, Use First Name)		<u>ency</u>
Retur	rn Form To:	er Counter on Any Amarill	n College Camp	IIS		

In Person: Any Service Center Counter on Any Amarillo College Campus

Fax To: Amarillo College (806)371-5066

Mail To: Registrar's Office / P.O. Box 447 / Amarillo, TX 79178

Other Change Requests – Major Changes and Other Requests:

- <u>To Change Major, Catalog Year, or Educational Goals:</u> Login to ACConnect and select "Change Major Request"
- <u>Waiver, Scholarship, Etc.</u>: If you have a change request that is not listed above or questions related to an information change, please contact 806-371-5000 for more information or the appropriate next steps.

^{*}Name Change Note: A legal name change will be the only change that will update all documents. To see what information will be updated by preferred versus legal name, please visit our <u>Personal Record FAQ Information</u> page.