

COLLEGE OF THE SISKIYOU
ADMISSIONS & RECORDS OFFICE

'CHANGE OF STUDENT INFORMATION

Name: _____
Last First MI

Birthdate: __ - __ - ____

Student Signature: _____

Date: __ - __ - ____

TYPE OF CHANGE

Please check and complete *only* the sections below, which require correction.

SSN: __ - __ - ____

Name Change (Previous Name): _____
Last First

Address Change

Local Mailing Address: _____
Street City

State Zip Phone (____) - ____ - ____

Permanent Mailing Address: _____
Street City

State Zip Phone (____) - ____ - ____

News Media Information – May the College release to the news media, information/photos regarding your participation in COS Activities (sports, graduation information, Dean’s List, etc.)?

Yes No

Directory Information – May the College release information regarding your attendance and residence to outside inquires? This information would include your name, address, phone number, class schedule and participation in COS activities.

Yes No

FOR OFFICIAL USE

Processed by: _____

Date: _____