

Admissions & Records

College of the Siskiyous, 800 College Ave., Weed, CA 96094
Phone: (530) 938-5500 - Fax: (530) 938-5367 – Email: registration@siskiyous.edu

Change of Student Information

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Student ID#: S00 _____ or SSN: _____

COS Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Type of Change

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

Social Security Number Change: (Must provide copy)

SSN: _____

Name Change: (Please attach legal documentation)

Name: _____

Preferred Name: _____

Gender Change Pronoun: _____

Local Address/Phone Change

Permanent Address/Phone Change

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Personal Email Change

Email Address: _____

Confidential Directory Information

Make my Information Confidential: Yes No

Student Signature: _____

Date: _____

For Office Use Only

Signature: _____

Date Processed: _____