Data Change/Correction

www.tstc.edu

Please complete this form to change or correct any personal data already received by the college. Return the completed form to the Registrar's Office.

Check the TSTC location that you currently attend: ☐ Abilene ☐ Breckenridge ☐ Brownsville ☐ Brownwood ☐ Fort Bend ☐ Harlingen ☐ Palacios ☐ Sweetwater ☐ Marshall ☐ Waco

Personal Data

Last Name _____ First Name _____ Middle Initial _____

Student ID No. _____ Email Address _____

Ethnicity: ☐ White ☐ Black ☐ Hispanic ☐ Native American ☐ Asian/Pacific Islander

Gender: ☐ Female ☐ Male

Changes to Address/Phone Number

Please check all that apply:

☐ Change preferred mailing address to:

Street Address _____ Apt # _____

City _____ State _____ ZIP _____

☐ Change telephone number for:

☐ Home (_____) _____ - _____

☐ Business (_____) _____ - _____

☐ Cell (_____) _____ - _____

☐ Fax (_____) _____ - _____

☐ Change address for:

☐ Billing

☐ Home

☐ Local

Street Address _____ Apt # _____

City _____ State _____ ZIP _____

Changes to Personal Data

Please check all that apply: *(Appropriate documentation must be attached)*

The Registrar's office must notify the College IT department of any name changes so login accounts can be updated. _____ initials _____ date

☐ Change Name (new name)

Last Name _____ First Name _____ Middle Initial _____

☐ Change Social Security Number

Social Security Number _____

☐ Change Date of Birth

Month _____ Day _____ Year _____

☐ Add/Change Emergency Contact

Last Name _____ First Name _____ Middle Initial _____

Telephone Number _____

SIGNATURE _____ **DATE** _____