



## South Plains College Change or Correction of Records

(Only the person to whom these records belong may request changes)

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
last first middle name

Date of Birth: \_\_\_\_\_

Please "✓" the information to update.

☐ E-mail Address: \_\_\_\_\_

☐ Change **local** address to: \_\_\_\_\_  
street city/state zip telephone #

☐ Change **permanent** address to: \_\_\_\_\_  
street city/state zip telephone #

☐ Change **name** FROM \_\_\_\_\_ TO \_\_\_\_\_  
Last first mi Last first mi  
(You must submit a copy of appropriate documentation in order to change your name.)

☐ Change **social security number** FROM \_\_\_\_\_ TO \_\_\_\_\_  
incorrect social security number correct social security number  
(You must submit a copy of your Social Security Card in order to correct your social security number.)

\_\_\_\_\_  
Student signature Date Daytime telephone number

For office use only (please initial):	Social Security Number: _____
Received by: _____	Date received: _____ Completed by: _____ Date Completed: _____