

**Coe College Information Change Form**

Name \_\_\_\_\_

Student ID # \_\_\_\_\_

**Change of Address**

NEW Address:

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, State and Zip

**Change of Name** - Requires legal documents such as Social Security Card, Driver's License or Marriage License

Office use only - Verified by:  SS Card  Driver's License  Marriage License

NEW Name:

\_\_\_\_\_ First

\_\_\_\_\_ Middle

\_\_\_\_\_ Last

\_\_\_\_\_ Please list a Reason for the Change

**Change of Phone Number**

New Number:

\_\_\_\_\_ New Number

\_\_\_\_\_ Phone Type (work, cell, home, etc.)

**Change of Social Security Number** - Must provide Social Security Card, no copies

NEW Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OLD Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Please list a Reason for the Change

**Individual Statement Verification**

I attest that the change of information I have provided here is accurate and truthful to the best of my knowledge.

\_\_\_\_\_ Signature of Individual (or Coe Employee if alumni)

\_\_\_\_\_ Date