Mountain Empire
COMMUNITY COLLEGE

Information Change Form

Current Name: _____ **EMPLID:** _____

Check the items you need to update and provide the correct information as requested:

☐ **Name Change** (Driver's License or Social Security Card required)

    Former Name: _____

☐ **Update Personal Information** (Documentation required)

    Social Security Number: _____ **Date of Birth:** _____

☐ **Update Contact Information**

    Email Address: _____ **Phone:** _____
    Mailing Address: _____

☐ **Program Plan Change** (Student will remain active in current plan unless otherwise specified below)

Add/Remove	Program Plan	Requirement Term

☐ **High School Information Update**

    High School: _____ **Graduation Date:** _____
    Diploma Type: ☐ Standard ☐ Advanced Studies ☐ Other: _____
    GED State: _____ Award Date: _____
    No High School Diploma or GED Last Date Attended: _____ Highest Grade Completed: _____

_____   _____

Signature   **Date**