

**MIRACOSTA COLLEGE
CHANGE OF INFORMATION FORM**

When completing this form, do NOT leave items 1 through 3 blank.

SCAN: FA MISC _____

NOTE: _____

Check all that apply: Student Employee Instructor Other

STUDENT ID# _____

	Change Information FROM: (OLD)	Change Information TO: (NEW)
1. Name Must complete this section.	Last Name _____ First Name _____ MI _____ (Please Print) <input type="checkbox"/> This is NOT a name change.	Last Name _____ First Name _____ MI _____ (Please Print) EFFECTIVE DATE OF CHANGE: _____ Reason for Change <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> other, explain _____ This name MUST be your legal name as reported on your social security card. A copy of your social security card in your new name MUST accompany this form.
2. Social Security Number Must complete this section.	Old SSN: _____ - _____ - _____ <input type="checkbox"/> This is NOT an SSN change.	New/Corrected SSN: _____ - _____ - _____ If you are reporting a new/corrected Social Security Number, you MUST attach a copy of your social security card.
3. Date of Birth Must complete this section.	_____ / _____ / _____ Month Date Year <input type="checkbox"/> This is NOT a change.	_____ / _____ / _____ Month Date Year If you are reporting a correction to your Date of Birth, you MUST attach a copy of your Birth Certificate.
4. Address	Do not complete this section unless making a change. Old Mailing Address: _____ _____ City State Zip Code Old Residence Address: _____ _____ City State Zip Code	New Mailing Address: _____ _____ City State Zip Code New Residence Address: _____ _____ City State Zip Code (Students Only) Living Arrangements at new address: <input type="checkbox"/> live with parents <input type="checkbox"/> live with relative(s), other than spouse and/or dependent children <input type="checkbox"/> other, specify: _____ EFFECTIVE DATE OF THIS CHANGE: _____
5. Phone	Do not complete this section unless making a change. (____) _____ - _____	(____) _____ - _____
6. Email	Do not complete this section unless making a change. _____	_____

Signature: _____ Date: _____

NOTE: If you currently work on campus, a marital status change requires a new W-4 be submitted to the Payroll Office. If you are a benefited employee, insurance adjustments may be necessary.

Distribution: Human Resources/Payroll, MS 14, white, (attach SS card and/or Birth Cert) Admissions Office, MS 10A, pink
 Financial Aid Office, MS 3A, yellow, (attach SS card and/or Birth Cert) Contributor Relations, MS 7, gold

Office Use Only: Posted by: _____ Dept: _____ Date: _____