



DATA INFORMATION CHANGE

Name _____ Date _____
(before change)

GCCC I.D. No. _____ EFFECTIVE DATE OF ADDRESS CHANGE _____

TYPE OF CHANGE:

_____ Social Security No.*	_____ HOME/PERM Address & Phone #	_____ Birthdate*
_____ Last Name*	_____ CURRENT Address & Phone #	_____ Residency*
_____ First Name*	_____ Mail Preferred (choose one):	_____ Classification
_____ Middle Initial	_____ HOME/PERM Address	_____ Marital Status
_____ E-mail Address	_____ CURRENT Address	_____ Spouse Name
	_____ Gender/Ethnicity	_____ Other

(*requires hard copy verification attached to this form)

Change From: _____

Change To: _____

Source/Reason: _____

Date change entered _____
(Registrar's Office)

Signature _____

This form must be forwarded to the Registrar's Office