



Submit or mail form to:
Office of Admissions and Records
25555 Hesperian Boulevard
Hayward, California 94545
Fax: (510) 723-7510

STUDENT DATA CHANGE

PLEASE COMPLETE ONLY THE SECTIONS THAT APPLY AND SIGN THE BOTTOM OF THE FORM.

STUDENT INFORMATION (REQUIRED SECTION)

Last Name, First Name:		Student ID:
Mailing Address:		
City, State, Zip Code:		Phone Number:
Did you submit a FAFSA or CA Dream Act Application for the current/upcoming academic year? Yes No		
Are you an international student attending Chabot College on an F-1 visa? Yes No		
Do you receive educational benefits from the Department of Veterans Affairs? Yes No		

CHANGE OF CONTACT INFORMATION

PREVIOUS ADDRESS: <input type="checkbox"/> Residence <input type="checkbox"/> Mailing		CURRENT ADDRESS: <input type="checkbox"/> Residence <input type="checkbox"/> Mailing	
_____ Number and Street		_____ Number and Street	
_____ Apartment #		_____ Apartment #	
_____ City		_____ City	
_____ State		_____ State	
_____ Zip Code		_____ Zip Code	
Email: _____			
Home: ()		Work: ()	Mobile ()

CHANGE OF NAME

FROM (PREVIOUS)			TO (CURRENT)		
_____ Last Name			_____ Last Name		
_____ First Name		_____ Middle	_____ First Name		_____ Middle

OTHER CHANGES

<input type="checkbox"/> Correct SSN to: _____/_____/_____ <i>(Proof of SSN card required.)</i>	<input type="checkbox"/> Correct Birthdate to: _____/_____/_____ <i>(Proof required. E.g., government issued ID, birth certificate, etc.)</i>
Verified by A&R Staff: _____	Verified by A&R Staff: _____

Please do not disclose my address and phone number to any 3rd party not affiliated with the College.

Student Signature: <input type="checkbox"/> _____	Date: _____
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OFFICE USE ONLY

Posted by:	Date Forwarded to FA:	Received Date:
Date Completed:	Date Forwarded to ISP:	
Notes:	Date Forwarded to VS:	