



Student Information Change Form

Student ID Number

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Student Information Currently On File

Last Name	First Name	Middle/Maiden	Birthday (M/D/Y)
Street Address			
City		State	Zip
Phone (Home)	Phone (Work)	Phone (Cell)	
Email			

Corrected Information (Please complete only the information that has changed)

Street Address			
City		State	Zip
Phone (Home)	Phone (Work)	Phone (Cell)	
Email			

Student Signature	Date
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Return the completed form to Student Services in the Jack Hunt Campus Center

137 S. Post Road, Shelby, NC
 Phone: (704) 669-4081; Fax: (704) 669-4204
 Website: www.clevelandcc.edu

NOTE: Must complete different form for:

- Program of Study
- Name Change

OFFICE USE ONLY

Received By:	Date:
Processed By:	Date: