



**CENTRAL ALABAMA COMMUNITY COLLEGE
Change/Correction Form**

Name (Please Print) _____ Student ID _____

(Complete ONLY the information for the areas that need to be changed)

Information	Change From	Change To
Name*		
Social Security Number		
Degree/Major/Program Path**		
Date of Birth		
Mailing Address		
City, State, ZIP		
County of Residence		
Home Phone Number		
Cell Phone Number		
Emergency Contact Name & Number		

**Name changes require legal documentation for the change to be made. CACC accepts the following forms of documentation; valid driver's license, official state ID card, Social Security Card, certified copy of marriage license, court order, dissolution decree or current passport.*

***If you are changing your major, you must take this form to the Financial Aid office and your faculty advisor for their signature.*

Student Signature _____ Date _____

If MAJOR is changed, effective semester of change? _____

Financial Aid Representative _____ Date _____

Advisor Signature _____ Date _____

For Office Use Only:	
Received by _____	Processed by _____
Date _____	Date _____