

MVC Student Change of Information Form

District employees must also contact the Human Resources Office. Student employees must also contact the Student Employment Office

This Form must be submitted with a valid Photo ID

NAME ON FILE:	Last Name (Please print)	First Name	Middle Initial
STUDENT ID/SSN NO.		DATE OF BIRTH:	
		Mon	th Day Year
		OF A LEGAL DOCUMENT WIT og in, RCCD email address, and Blackt	
New Name:			
Last]	First	M.I
SOCIAL SECURITY		PHONE NUMBER: ()
	Must present SSN car		
		ESS CHANGE	
Permanent ac	ddress (required):	Mailing Address (if different	t from permanent address):
Street Address	S Apt#	Street Address	Apt.#
City	State Zip		ate Zip
It is strongly recomme	ended that you talk to a counselo	r before making the following chang	ges:
Academic Program Cl	hange:	Educational Goal Change:	
	See list of Programs of Stu		
ADMIT STATUS CH	ANGE : ☐ First-time Student	☐ Transfer Student ☐ Return	ning Student (RCCD)
	<u></u>		ing Student (Reed)
HIGH SCHOOL : (PI	ease check appropriate box and t	College at the same time	
		and I attended there from	
I mave a 115 diploma	110111	and I attended there from	
(month/y	year) to (month/year)	in (US State	e/Foreign Country)
☐ I have received my G	GED from	on(month/year) in	(US State).
☐ I have passed the Ca	alifornia HS Proficiency Exam at _	on	(month/year).
		RELEASE DIRECTORY INFOR	MATION: □ Yes □ No
OTHER CHANGES:			
	ompleted form to admissions@mvo	c edu	
Linaii CC	implementation to definissions (mini-		