



# Student Information Change Form

Emerald Road • P.O. Box 1467 • Greenwood, South Carolina 29648-1467

Telephone (864) 941-8324 • FAX (864) 941-8566

Name \_\_\_\_\_ PTC ID: P \_\_\_\_\_

*Please identify any of the following information that needs to be updated:*

**Name Change:** \_\_\_\_\_  
(as it appears on your SS Card)      Last      First      MI

**Address Change:**  
Mailing: \_\_\_\_\_  
City      State      Zip

If different from Mailing:  
Permanent: \_\_\_\_\_  
City      State      Zip

**County Change:** \_\_\_\_\_

**Phone Number:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
(include area code)

**E-mail Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_  
(Correct SSN)      (Incorrect SSN)

**Emergency Contact:**  
\_\_\_\_\_  
Print Name      Relationship      Phone Number

*I certify that all the above information is complete and correct.*

\_\_\_\_\_  
Student's Signature      Date

Please return this form to the Student Records Office in 139A  
or FAX to (864) 941-8566.

\_\_\_\_\_  
(faculty/staff initial)