



# Student Information Change Form

Emerald Road • P.O. Box 1467 • Greenwood, SC 29648-1467  
Telephone (864) 941-8361 • Fax (864) 941-8566

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

## A PHOTO ID IS REQUIRED WHEN SUBMITTING THIS FORM

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

☐ **Name Change:** \_\_\_\_\_  
(Please Provide Documentation) Last Name First Name MI

☐ **Address Change:**  
(If address is changing from one county to another, it may increase or decrease your tuition. Please see the tuition chart on the web at <http://www.ptc.edu/admissions/tuition>. If state residency is changing, please contact the Business Office.)

• Mailing: \_\_\_\_\_  
City State Zip code

*If different from Mailing:*

• Permanent: \_\_\_\_\_  
City State Zip code

☐ **County Change:** \_\_\_\_\_

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

☐ **Email Address:** \_\_\_\_\_

☐ **Date of Birth:** \_\_\_\_\_

☐ **Social Security Number:** \_\_\_\_\_  
(Must show Social Security Card) Correct SSN Incorrect SSN

☐ **Emergency Contact:**

\_\_\_\_\_  
Print Name Relationship Phone Number

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

\_\_\_\_\_  
Student Signature Date

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