



Student Records Change Form

CVCC Office of Admissions & Records
3506 Wards Road ▪ Lynchburg, VA 24502-2498
Phone: 434-832-7633 ▪ Fax: 434-832-7793

Student Name: _____

Empl ID#: _____

- Change of:
- Address
 - Phone
 - Name
 - SSN
 - E-mail

Please complete only the areas in which a change is being made

Address/Phone/E-mail Changes

New Mailing Address:

New City:

New State: _____ **New Zip:** _____

New City or County:

New Phone Number(s): _____ / _____
(Home) (Cellular)

New E-Mail Address:

Name Changes

**** Records must have a copy of driver's license or valid photo ID to change names. If you do not have a valid ID we must have copy of divorce decree, marriage certificate or legal documentation.**

Previous Name: _____ / _____ / _____
(Last) (First) (Middle)

New Name: _____ / _____ / _____
(Last) (First) (Middle)

SSN Changes

****College policy requires documentation for changes to your SSN# (copy of SSN card)**

Previous Social Security#: _____ **New Social Security #:** _____

Student Signature

Date

Records Office Use only:

IDs/Documents Verified Corrected in System Staff Initials: _____ Date entered: _____