

ILLINOIS CENTRAL COLLEGE – CHANGE OF STUDENT INFORMATION

THIS IS A CHANGE OF:

Please check all that apply

- Name *
- Address
- Social Security Number *
- Email

I AM AN ILLINOIS CENTRAL COLLEGE

Check all that apply

- Student
- Employee

Completion of this form
DOES NOT constitute
an automatic change of residency

* Copy of Social Security Card is required for this change

Name _____ Student ID# (required) _____

Previous Name(s): _____

Address _____

City _____ County _____ State _____ Zip _____

Phone _____ Email _____ Home Work

Signature (required) _____ Date _____