

ILLINOIS CENTRAL COLLEGE – CHANGE OF STUDENT INFORMATION

THIS IS A CHANGE OF:
Please check all that apply
 Name
 Address
 Social Security Number

I AM AN ILLINOIS CENTRAL COLLEGE
Check both if applicable
 Student
 Employee
ICC I.D. Number _____

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

CORRECT/UPDATED DATA

Name _____
Soc. Sec. No. _____ Phone _____
Address _____
City _____ County _____
State _____ Zip _____
E-mail _____ Work Home

INCORRECT DATA

Name _____
Soc. Sec. No. _____ Phone _____
Address _____
City _____ County _____
State _____ Zip _____
E-mail _____ Work Home

Signature (*required*) _____ Date _____