

WALLACE COMMUNITY COLLEGE

SELMA

 *Office of Admission and Records*

 *P O box 2530• Selma, AL • 36702-2530*

 *Phone (334)876-9295 • Fax (334)876-9300*

**Update Information Form**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Change of Name**-Student **must** provide proof of new name to the Office of Admission and Records for request to be processed.

 Acceptable forms include marriage license, social security card with new name, or license with new name.

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| --- |
| Previous Name(s): |
| New Name: |

**Change of Address, Phone Number, or Email Address**

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| --- |
| Address: |
| City: | State: | Zip: |
| Cell Phone: | Home Phone: |
| Email Address: |

**Change of Emergency Contact**

|  |
| --- |
| Name: |
| Relationship: | Phone Number: |

**Change Semester of Entry**

|  |  |  |  |
| --- | --- | --- | --- |
| What Semester will youEnter WCCS: | Fall \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Spring \_\_\_\_\_\_\_\_\_\_\_ | Summer \_\_\_\_\_\_\_\_\_\_\_ |

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

**OFFICE USE ONLY:** Entered By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_