Change of Student Data Request

Admissions and Records
2300 E. Gibson Rd. Woodland, CA 95776
(530) 661-5720

Submit form to Admissions & Records in person **or** by email to **wccadmissionsinfo@yccd.edu** from your **YCCD college email.**

SECTION 1: STUDENT INFORMATION

Student ID:_____ Date:_____/_____/_____

Name: _____
Last First Middle

SECTION 2: PERSONAL INFORMATION CHANGE: (*ONLY SELECT AND FILL OUT THE INFORMATION TO BE UPDATED*)

☐ Name Change: _____
Last First Middle
☐ Chosen/Preferred Name ☐ Legal Name (Please attach documentation)

☐ Social Security Number: _____ (Please attach copy of Social Security card)

☐ Correct Birth Date: _____/ _____/ _____ (Please attach documentation)

☐ New Mailing Address: _____

_____
City State Zip

☐ New Phone Number: (_____) _____

SECTION 3: ACADEMIC INFORMATION CHANGE: (*ONLY SELECT AND FILL OUT THE INFORMATION TO BE UPDATED*)

☐ New Program(s)to Add: _____ (Please see College Catalog for Program options)

_____

☐ Program(s) to Remove: _____

☐ New Educational Goal(s):_____ _____ (Please see Ed Goal options below)

☐ Educational Goal(s) to Remove:_____ _____

☐ Catalog Rights Update:_____ Program:_____

EDUCATIONAL GOAL OPTIONS:

A—Transfer to four-year college with an associate's degree	G— Learn job skills (new career)
B—Transfer to a four-year college without an associate's degree	H—Update current job skills
C— Earn a general education associate's degree, A.A.	I—Maintain certificate or license
D—Earn a vocational associate's degree, A.S.	J—Educational development
E—Earn a vocational certificate	K—Improve basic skills in reading, math, etc
F—Explore career interests, plans and goals	L—Complete high school credits

Student Signature:_____

FOR OFFICE USE ONLY:
Received by: _____
Ed Goal Updated on ASPR: _____
Date Received: _____
Program Changed on SPRO: _____
Date Processed:_____