

STUDENT DATA UPDATE

NAME: _____ Butler ID (or SSN): _____

Please complete ONLY the information that needs to be updated

_____ Legal, home, permanent address

New Street Address: _____

New City: _____ New State: _____ New Zip: _____

New County: _____ Date moved: _____

New Home Phone: _____ New Work Phone: _____

If you are submitting a PO Box, you must also submit a street address.

_____ Local or dorm address (address you are living at while attending BCCC)

New Street Address: _____

New City: _____ New State: _____ New Zip: _____

New County: _____ Date moved: _____

New Home Phone: _____ New Work Phone: _____

_____ Name (documentation required, i.e. driver's license, birth certificate, etc.)

****ATTN Employees: Must attach a copy of SSN Card**

Previous/Maiden Name: _____

Correct/Updated Name: _____

_____ Social Security Number (attach copy of SSN card)

_____ Date of Birth (attach copy of Driver's license)

_____ Major

New Major _____ Degree Seeking: _____

BCC Employee? Y N (if so, a copy of this form will be sent to HR)

I certify that the information given above is accurate to the best of my knowledge. I understand that failure to disclose or falsifying information could result in my dismissal from BCC.

SIGNATURE _____

Office Use Only:

SPAIDN _____

SGASTDN _____

Office Use Only:

SPAIDN _____

SGASTDN _____

Office Use Only:

SPAIDN _____

SGASTDN _____

Office Use Only:

SPAPERS _____

Office Use Only:

SFAREGS _____

**Date Processed in
Banner:**