



# SAMPSON COMMUNITY COLLEGE

*A member institution of the North Carolina Community College System  
Established 1967*

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## CHANGE OF INFORMATION FORM

Individuals requesting a change of information must appear in person at the College and present valid identification and any supporting documentation to verify the requested change.

PLEASE PRINT ALL INFORMATION	
First Name	Date of Birth
Middle Name	
Last Name	Maiden Name or Suffix
Student ID#	Last 4 Digits of SSN

CHANGE OF ADDRESS: Driver's License, Government ID, or other documentation required.			
Previous Address		New Address	
Street		Street	
P.O. Box		P.O. Box	
City		City	
State	Zip Code	State	Zip Code

CHANGE OF CONTACT INFORMATION: Driver's License or Government ID required.	
Previous	New
Phone Number	Phone Number
(H)	(H)
(C)	(C)
(W)	(W)

NAME CHANGE: Proof of legal name change is required, Social Security Card, Marriage License, etc.	
Previous Name	Current Name
First Name	First Name
Middle Name	Middle Name
Last Name	Last Name
Reason for Change:	

SOCIAL SECURITY NUMBER CORRECTION: Social Security Card or Government ID is required.	
Incorrect SSN _____ - _____ - _____	Correct SSN _____ - _____ - _____
Reason for Change:	

I CERTIFY THAT I AM THE INDIVIDUAL REQUESTING THIS CHANGE AND ALL THE INFORMATION PROVIDED IS TRUE AND ACCURATE. * Signature is required for Processing*	
Signature	Date

CHANGE REQUEST PROCESSED (to be completed by Student Services Staff)		
Change Processed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If request cannot be processed, please explain:		
DATE ENTERED		ENTERED BY