



Change or Correction of Records

(Only the person to whom these records belong may request changes)

Name: _____ Student ID: _____
first middle last

☐ E-mail Address: _____ Date of Birth: _____

☐ *Change **local** address to: _____
street city/state zip telephone #

☐ *Change **permanent** address to: _____
street city/state zip telephone #

☐ Change **name** FROM _____ TO _____
Last first mi Last first mi
(You must submit a copy of appropriate documentation in order to change your name.)

☐ Change **social security number** FROM _____ TO _____
incorrect social security number correct social security number
(You must submit a copy of your Social Security Card in order to correct your social security number.)

☐ Gender (You must submit a copy of a state or federal identity document in order to change your gender.)

Student signature

Date

Daytime telephone number

SUBMIT COMPLETED FORM ALONG WITH APPLICABLE DOCUMENTS TO:

admissions@southplainscollege.edu from your SPC email address for processing.

For office use only (please initial):

Social Security Number: _____

*Current Resident Code _____

*Requires Resident Code Review _____

Route to Dean of Admissions and Records for Review _____

Received by: _____ Date received: _____ Completed by: _____ Date Completed: _____