



Master Record Change Form

Name: Last First Middle

CWID Number or Date of Birth

Date

Signature

Address/Biographical Updates

From

To

Address

Apartment # (if applicable)

City/State/Zip

Foreign Country (if applicable)

Home Phone

Cell Phone

Birth Date

Gender

Email address

*Documentation within the past 30 days will be required if you are updating your address to an in county address.

Office Use Only [GUASYST]

Old Res Code _____ Processed by _____

New Res Code _____ Date _____

Changed for Term _____

Scan in Term _____

5725-10JC Rev 01.17

With few exceptions, state law gives you the following rights regarding the information collected by Collin College about you: The right to request to be informed about the information, the right to receive and review the information and the right to correct information about you that is incorrect.



Master Record Change Form

Name: Last First Middle

CWID Number or Date of Birth Date

Signature

Name Change Request (Please Print)
New (Legal) name requires official documentation.

Social Security Number Change
Official documentation required

From: Last First Middle

From

To: Last First Middle

To

Preferred First Name

(No Documentation Required)

Office Use Only [GUASUST]

CPC for Processing

Date:

Scan in Term:

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