

# APPLICATION/STUDENT RECORD UPDATE FORM



## Current Information

Date Requested: \_\_\_\_\_ Home Campus: \_\_\_\_\_

Name: \_\_\_\_\_

ID#: \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_

Are you a current KCTCS Employee or Student Worker: Yes \_\_\_\_\_ No \_\_\_\_\_

### COMPLETE ONLY THE ITEMS BELOW YOU WISH TO BE CHANGED:

NAME: \_\_\_\_\_  
(As it appears on your official identification)

Do you want your name changed on your HigherOne Account also? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you need a new HigherOne Account card? Yes \_\_\_\_\_ No \_\_\_\_\_ (Charges may apply)

Please note: Name changes require a copy of the following legal documents: Marriage Certificate, Divorce Papers or Papers from courts as proof of legal name changes. You must be CURRENTLY enrolled in classes before the information can be changed.

Social Security Number: \_\_\_\_\_  
(Copies of the correct Social Security Card and a photo ID must be attached)

Mailing Address: \_\_\_\_\_  
(P.O. Box, Route, 911 Address, etc.)

Do you want your address changed on your HigherOne Account also? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you need a new HigherOne Account card? Yes \_\_\_\_\_ No \_\_\_\_\_ (Charges may apply)

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

PROGRAM PLAN OR HOME CAMPUS OR DATE OF BIRTH:  
Current: \_\_\_\_\_ Change to: \_\_\_\_\_

I understand that changes to my name and address will become official immediately. Changes to program or home campus may not become effective until the next semester. Changes to my program or option may extend the time it takes me to complete a program and these changes may impact my financial aid. I will also make the Financial Aid office aware of these changes.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_