APPLICATION/STUDENT RECORD UPDATE FORM

Ashland Community & Technical College
HIGHER EDUCATION BEGINS HERE

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)

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.)

City: _____

State: _____ Zip Code: _____

Telephone:_____ Alternate Telephone: _____

MAJOR OR HOME CAMPUS OR DATE OF BIRTH:

Current Major:_____Change to:_____

Campus:_____

Birthdate:_____ 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:_____