DATA CHANGE FORM

Ashland
Community & Technical College
HIGHER EDUCATION BEGINS HERE

Current Information

Date Requested: _____

Name: _____

ACTC 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

Current Name:_____ Change to:_____
(As it appears on your official identification)

☐ I understand**,** name changes require a copy of a legal document. For proof of legal name change, please provide: Marriage Certificate, Divorce Papers, etc. You must be *currently enrolled* in classes before a name can be changed.

☐ I understand, once my name change is processed, my KCTCS User ID (name0001) will change and I may lose PeopleSoft and/or BlackBoard access for 24 hours.

☐ I understand, if my request is submitted after midterm, it will not be processed until after final grades are posted.

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

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Telephone:_____ Alternate Telephone: _____

Personal Email:_____

Birthdate:_____ Change to:_____

Current Major:_____ Change to:_____

Change Sub-plan to: _____

Effective term for *Change of Major*: ☐ Fall _____   ☐ Spring _____   ☐ Summer _____
(year)   (year)   (year)

If you do not specify which term the change of major should be effective for, it will be automatically updated for the next semester.

By signing this form, I understand that changes to my name and address may become official immediately. Changes to my major or home campus may not become effective until the next semester. Changes to my major or option may extend the time it takes to complete a credential and these changes may impact my financial aid. I will make the Office of Financial Aid office aware of these changes.

Student Signature:_____ **Date**:_____

KCTCS is an equal educational and employment opportunity institution.

Office Use Only- Processed Date: _____ Processed By: _____ REV 09/2016