



DEL MAR COLLEGE

# Personal Information Update Form

## Student Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Student ID: \_\_\_\_\_

## Information to be Updated

I am requesting the following information to be changed/updated:

Email/Phone     Address     Name     Gender     Date of Birth     Social Security Number

## Update Contact Information

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Update Address

This is both my mailing AND physical address

This is my mailing address:

This is my physical address:

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

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

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

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

Moving from Out-Of-District to In-District (see below for required documentation.)

### PROOF IS REQUIRED IF YOU ARE MOVING FROM OUT-OF-DISTRICT TO IN-DISTRICT.

This form will not establish Texas Residency. Students that need to prove Texas Residency will be required to complete additional documentation.

YOU MUST PROVIDE ONE OF THE FOLLOWING TYPES OF PROOF LISTED BELOW:

- Texas Driver's License with new address
- Copy of current lease with name and new address

## Update Information

Please fill out only the portion of personal information you wish to update

### Name of Record

Name on Record: \_\_\_\_\_

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

### Gender of Record

Gender on Record: \_\_\_\_\_

Updated Gender: \_\_\_\_\_

### Date of Birth

DOB on Record: \_\_\_\_\_

Updated DOB: \_\_\_\_\_

### Social Security Number

SSN on Record: \_\_\_\_\_

Updated SSN: \_\_\_\_\_

Please note the following required documentation:

- **Social Security Number/ Name Change:** Social Security Card is required if you are changing your name or Social Security Number
- **Date of Birth Change:** Birth Certificate is required if you are changing your Date of Birth
- **Gender Change:** State issued ID and updated Social Security card are required to change gender

## Signature

I certify that the information on this form is complete and correct and understand that submission of false information is ground for cancellation of enrollment or appropriate disciplinary action.

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