

Did you **ever** attend COM or IVC before 1990? Yes No

Name or Social Security Number changes must be accompanied by a valid government issued photo I.D. and a copy of original Social Security card. Name can only be changed to the name that appears on the Social Security card.

<p>Current information as it should appear on the record now.</p> <p>Name</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">LAST NAME</td> <td style="text-align: center; font-size: small;">FIRST NAME</td> <td style="text-align: center; font-size: small;">INITIAL</td> </tr> </table> <p>Address</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">NUMBER</td> <td style="text-align: center; font-size: small;">STREET</td> <td style="text-align: center; font-size: small;">STATE</td> </tr> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">CITY</td> <td style="text-align: center; font-size: small;">STATE</td> <td style="text-align: center; font-size: small;">ZIP CODE</td> </tr> </table> <p>Phone</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; height: 20px;"></td> <td style="width: 20%; border: 1px solid black; height: 20px;"></td> <td style="width: 60%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EMAIL ADDRESS</td> </tr> </table> <p>Former Name(s)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">LAST NAME</td> <td style="text-align: center; font-size: small;">FIRST NAME</td> <td style="text-align: center; font-size: small;">INITIAL</td> </tr> </table> <p>Choose One:</p> <p><input type="checkbox"/> Cert. <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> AA-T <input type="checkbox"/> AS-T MAJOR AREA OF STUDY</p> <p>I declare under penalty of perjury that the above is true and correct. Signature: _____ Date: _____</p>					LAST NAME	FIRST NAME	INITIAL				NUMBER	STREET	STATE				CITY	STATE	ZIP CODE				AREA CODE	PHONE NUMBER	EMAIL ADDRESS				LAST NAME	FIRST NAME	INITIAL	<p>ID# / Social Security # as it should appear on the record now.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table> <p>Former ID# / Social Security #</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table> <div style="background-color: #f0f0f0; padding: 5px; border: 1px solid black;"> <p>A/R USE ONLY</p> <p><input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone</p> <p><input type="checkbox"/> SSN <input type="checkbox"/> Encumbrance Checked</p> <p><input type="checkbox"/> Memo <input type="checkbox"/> Residency Code</p> <p>Operator Initials: _____</p> <p>Date Processed: _____</p> </div>								
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