PITT Community College

# REQUEST FOR **CHANGE OF NAME** and/ or **ADDRESS** and/or **PHONE NUMBER**

**Mail to:** Registrar's Office
Pitt Community College
P.O Drawer 7007
Greenville, NC 27835-7007

**Name:** _____ _____ _____
Last First MI

**Student ID # *or* SSN:** _____ **Date of Birth:** _____ _____ _____
Month Day Year

**I request the following changes be made concerning my records at Pitt Community College**

☐ **Name Change (Official government issued ID and updated social security card required)**

FORMER OR INCORRECT NAME:

_____ _____ _____
Last First MI

NEW LEGAL OR CORRECT NAME:

_____ _____ _____
Last First MI

☐ **Address Change**

OLD ADDRESS:
(**Please Print)**

_____
Address

_____
Address Line 2 (Apt, suite, etc.)

_____
City State Zip

NEW ADDRESS:
(**Please Print)**

_____
Address

_____
Address Line 2 (Apt, suite, etc.)

_____
City State Zip

☐ **Phone # Change**

OLD: ( _____ ) _____ _____ NEW: ( _____ ) _____ _____

**Signature:** _____ **Date:** _____

***For Registrar's Office Use Only***

Date Received: _____ Date Recorded: _____

Authorized Signature: _____