

CHANGE OF INFORMATION FORM

FOR: ADDRESS, SELECTIVE SERVICE NUMBER, EMERGENCY CONTACT INFORMATION

PRESENT THIS FORM IN PERSON TO:

COLUMBUS CAMPUS - STUDENT CENTRAL, UPPER LEVEL, MADISON HALL

DELAWARE CAMPUS - STUDENT SERVICES, MOELLER HALL

OR MAIL/E-MAIL FORM TO:

COLUMBUS STATE COMMUNITY COLLEGE
OFFICE OF THE REGISTRAR
550 EAST SPRING STREET
COLUMBUS, OH 43215
E-MAIL: changeinfo@csc.edu

PLEASE ALLOW UP TO 5 (FIVE) BUSINESS DAYS FROM RECEIPT FOR PROCESSING

COMPLETION OF ALL FIELDS APPROPRIATE TO THE CHANGE REQUESTED IS REQUIRED.

REQUIRED INFORMATION FOR ALL CHANGES - PLEASE PRINT CLEARLY

Name: _____
FIRST MI LAST

CougarID Number: _____

Daytime Telephone Number: (____) _____ E-mail Address: _____

STUDENT SIGNATURE (REQUIRED): _____ DATE: ____/____/____

ADDRESS CHANGE (PLEASE PRINT)

Current/Permanent Address: Street: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Home/Mobile: (____) _____ Work : (____) _____

Previous Address: Street: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

SELECTIVE SERVICE NUMBER: _____

EMERGENCY CONTACT INFORMATION (PLEASE PRINT)

Name of Emergency Contact: _____ Relationship: _____

Daytime Telephone Number: (____) _____

Evening Telephone Number: (____) _____

FOR OFFICE USE ONLY

Date received: ____/____/____

Date processed: ____/____/____

Processed by (Please print): _____

Signature: _____