

# CHANGE OF INFORMATION FORM

FOR: ADDRESS, SECONDARY E-MAIL 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 E-MAIL FORM TO:** [changeinfo@csc.edu](mailto:changeinfo@csc.edu)

**OR MAIL FORM TO:** COLUMBUS STATE COMMUNITY COLLEGE  
OFFICE OF THE REGISTRAR  
550 EAST SPRING STREET  
COLUMBUS, OH 43215

PLEASE ALLOW UP TO 10 (TEN) 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: \_\_\_\_\_

**ADD SECONDARY E-MAIL ADDRESS (PLEASE PRINT)**

**CHANGE SECONDARY E-MAIL ADDRESS (PLEASE PRINT)**

Secondary E-mail Address\*: \_\_\_\_\_

\*Your Columbus State Community College student e-mail address will always be primary.

**EMERGENCY CONTACT INFORMATION (PLEASE PRINT)**

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

Evening Telephone Number: (\_\_\_\_) \_\_\_\_\_

**SELECTIVE SERVICE NUMBER:** \_\_\_\_\_

### FOR OFFICE USE ONLY

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date processed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Processed by (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_