

## Columbus Campus Student Central Madison Hall

550 E. Spring St., Columbus, OH 43215 (614) 287-5353

Delaware Campus Student Services Moeller Hall 5100 Cornerstone Dr., Delaware, OH 43015 (740) 203-8345

## **Student Information Update Form**

Student Name:		
Couga	Cougar ID:	
•	ase ONLY select and complete the section(s) below that require an update and provide a nature at the bottom. It is form:  To submit electronically, please email the completed form and all required documentation as attachments to <a href="mailto:changeinfo@cscc.edu">changeinfo@cscc.edu</a> from your CSCC student email. (Please note: CSCC student email must be used for security and verification purposes.)  To submit in-person, please visit the locations listed above during our hours of operation. update your mailing address, emergency contact information, or Personal Identity Options osen Name, Preferred Pronouns, or Gender Identity), log into <a href="mailto:cougarweb.cscc.edu">cougarweb.cscc.edu</a> and k on 'Update Profile.'	
	Legal Name Changes/Corrections:	
	Current Name on File: (First, Middle, Last Please print clearly)	
	Updated/Corrected Name:(First, Middle, Last Please print clearly)	
	Reason for change:	
	Name Correction (due to typing errors, etc.) (Documentation required: Valid government-issued photo ID, such as a Driver's License, State ID card, green card, passport, or current US Military ID, showing the full name.)	
	Name Change (due to Marriage, Divorce, or Legal Name Change) (Documentation required showing updated name: Valid government-issued photo ID AND a copy of associated document, such as marriage certificate [not marriage license], divorce decree, or court order of legal name change.)	
	(Please note: Name changes can result in changes to the student's Columbus State username. Visit password.cscc.edu in 24-48 hours to discover your updated username.)	
$\overline{\Box}$	Social Security Number Correction:	
	Documentation required: Valid government-issued photo ID AND a copy of signed Social Security Card.	
	Selective Service Number:	
	Date of Birth Correction (DD/MM/YYYY format):/	
	<b>Documentation required:</b> Valid government-issued photo ID (such as Driver's License, State ID card, green card, passport, or current US Military ID) showing the full name and date of birth.	
$\overline{\Box}$	Texting Opt-In: Yes, I would like to receive texts from CSCC regarding important information.	
	Cell Phone Number: Cell Phone Company/Provider (required):	
	gning, I certify that all the information and documentation submitted is complete and accurate.	
Stude	ent Signature (Required) Date (Required)	