



SANTA ANA COLLEGE

1530 W. 17th Street, Santa Ana, CA 92706 (714) 564-6005

Student Change of Information Request

Student ID: _____ Date of Birth (DOB): ____/____/____

Name: _____ Date: _____

Information requested to be updated-please check below:

____ Name ____ DOB ____ Address ____ Phone ____ Email ____ Academic Prog. ____ Degree ____ *SSN

** Submit copy off SSN Card with your form and ID*

Old Information			New Information		
<u>Last Name</u>	<u>First Name</u>	<u>M.I.</u>	<u>Last Name</u>	<u>First Name</u>	<u>M.I.</u>
<u>Date of Birth (DOB)</u>			<u>Date of Birth (DOB)</u>		
<u>Address</u>			<u>Address (No P.O. Box)</u>		
<u>Daytime Phone</u>		<u>Evening Phone</u>	<u>Daytime Phone</u>		<u>Evening Phone</u>
<u>Email</u>			<u>Email</u>		
<u>Academic Program</u>			<u>Academic Program</u>		
<u>Degree Earned</u>		<u>Month/Year</u>	<u>Degree Earned</u>		<u>Month/Year</u>
<u>Social Security Number</u>			<u>Social Security Number</u>		

Change Home Location from Santiago Canyon College (SCC) to Santa Ana College (SAC)
A & R STAFF-Must verify status with Financial Aid Office prior to location change.

FA Status Verified by-Staff Initial: _____

I am a student parent/guardian.
"Student parent/guardian" means a student who has a child or children under 18 years of age who will receive more than half of their financial support from that student.

AFFIDAVIT:

I, the undersigned, declare under penalty of perjury under the laws of the State of California that the information I have provided on this form is true and accurate. I also understand that falsification of information constitutes perjury and legal basis of dismissal.

**** Please include a copy of a government issued picture ID when submitting this form for processing ****

Signature: _____ Date: _____

Staff Use Only

Documents used for Verification:

Staff Initials: _____