

TERM: _____



STUDENT CHANGE/CORRECTION FORM

Admissions & Records, ACC, 5900 S Santa Fe Drive, Littleton, CO 80160-9002
FAX: 303-797-5970 EMAIL: admissions@arapahoe.edu

STUDENT ID (S#) _____

CURRENT name on file (PLEASE PRINT) _____

PLEASE NOTE: If you are changing your name or social security number, you must submit documentation before your request can be processed. Documentation may include a copy of one of the following: corrected driver's license, marriage license, social security card, or court documentation.

FINANCIAL AID NOTE: If you are requesting a social security or student ID number change and currently or intend to receive financial aid benefits, you must obtain a Financial Aid Counselor's signature before your request will be processed.
DO YOU CURRENTLY OR INTEND TO RECEIVE FINANCIAL AID AT ACC?
No _____ Yes _____ (if yes) _____ Date _____
FINANCIAL AID COUNSELOR SIGNATURE _____

Change/Update Information: Address Phone E-mail SSN Other

Old Information:

New Information:

Student Signature _____ Date _____
(REQUIRED)