DYERSBURG STATE COMMUNITY COLLEGE
OFFICE OF ADMISSIONS AND RECORDS
CHANGE OF INFORMATION

Name ____________________________________________ Date __________________________

DSCC ID# ______________________________________

Place an "X" in front of the type of change you are requesting:

___ Name
___ Social Security Number
___ Telephone
___ City, State, Zip
___ County
___ Program of Study
___ Advisor

PROOF IS NEEDED BEFORE THE FOLLOWING CHANGES CAN BE MADE: 1) NAME
2) SOCIAL SECURITY NUMBER  3) ADDRESS CHANGES

NEW INFORMATION

____________________________
Student’s Name

____________________________
Social Security Number

CHANGE OF ADDRESS

(Please check one)
I want to change my: ___ Mailing Address ___ Permanent Address ___ Permanent & Mailing Address

____________________________
Permanent Address (Do not enter a PO Box address)

____________________________
Mailing Address

____________________________
City/State/Zip

____________________________
County

____________________________
Telephone

____________________________
Degree

____________________________
Major

____________________________
Area of Emphasis or Concentration

____________________________
Student Signature

Because of a change in your program of study, your advisor may change.

Your previous advisor was:___________________________________

Your newly assigned advisor is:________________________________