DYERSBURG STATE COMMUNITY COLLEGE
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) PERMANENT 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: ________________________________