

**DYERSBURG STATE COMMUNITY COLLEGE
CHANGE OF INFORMATION**

Name _____ Date _____

DSCC ID# _____

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

<input type="checkbox"/> Name	<input type="checkbox"/> Social Security Number	<input type="checkbox"/> Telephone
<input type="checkbox"/> City, State, Zip	<input type="checkbox"/> County	
<input type="checkbox"/> Program of Study	<input type="checkbox"/> 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: _____