



STUDENT INFORMATION CHANGE FORM

PROOF OF DOCUMENTS REQUIRED TO CHANGE NAME AND SOCIAL SECURITY NUMBER

NOTIFICATION OF COLLECTION AND USE OF SOCIAL SECURITY NUMBERS: Florida statute 119.071(5); GCSC collects social security numbers for use in the performance of the College's duties and responsibilities for the following purposes: identification and verification & creation of student records necessary for conducting the College's business; billing & payments; data collection; tracking; tax & scholarship reporting; financial aid processing; athletic recruiting; accreditation of programs; certain commercial entities for the College and College purposes. Federal law requires that we protect social security numbers from disclosure to unauthorized parties. The College will assign you a unique student identification number to assist in protecting your identity. Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report the SSN of all postsecondary students to the Internal Revenue Service. A student may refuse to disclose his/her SSN to the College, but refusing to comply with the federal requirement may result in fines established by the IRS.

PLEASE PRINT **A copy of your driver's license must accompany this request.**

Check One: **Address Change** **Name Change** **Social Security Number**

Term/Year: _____ **Fall** **Spring** **Summer**

Student Name: _____ **Student ID#:** _____

Student Signature Required: _____ **Today's Date:** _____

ADDRESS CHANGE

New Address: _____ **Apt #** _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number(s): () _____ - _____ () _____ - _____

NAME CHANGE **Proof of legal name change must accompany this form (i.e., marriage license, driver's license, court document)**

OLD Last Name: _____ First: _____ Middle: _____

NEW Last Name: _____ First: _____ M.I. _____ Maiden Name: _____

SOCIAL SECURITY NUMBER CHANGE **Please attach a copy of your social security card for the change to be made.**

OLD Social Security Number: _____ - _____ - _____

NEW Social Security Number: _____ - _____ - _____

FAX THIS FORM TO 850-913-3308

OR

MAIL TO US:

Gulf Coast State College, Admissions & Records

5230 W. Highway 98

Panama City, FL 32401