OFFICE OF THE REGISTRAR
Cedar Crest College
PERSONAL INFORMATION CHANGES

Student ID# / Date of Birth / SSN: _____

Name (Currently on File): _____

Address (Currently on File):_____

Phone Number (Currently on File):_____

☐ CCC (traditional) ☐ SAGE ☐ GR (graduate) ☐ Alumnae ☐ Other_____

Name Change*

Change Name to:

_____ _____ _____

Last First Middle

*Legal documentation of the change must be presented prior to a change being processed. This includes a valid driver's license AND an official court document indicating the legal name change and/or a valid Social Security card.
Please Note: Name changes are not processed until the end of each semester.

Address Change*

Change Address to: _____
Street

_____
City State Zip County

Phone Number Change*

Change Phone to: _____

Signature: _____ **Date**: _____

Rev. 2/2023