Personal Information Change Form
Itasca Community College
Student Services Office, Backes Student Center
1851 East Highway 169
Grand Rapids, MN 55744
1-800-996-6422 or 218-322-2320
Fax 218-322-2325

Name: ____________________________ 

Last Name  
First  
Middle  

Student ID/SSN: ____________________________ 

Date of Birth: ____________________________ 

When a **name or *social security number change** is requested by a student, proof of authenticity must be reviewed prior to making the change. Proof of authenticity includes a picture ID which may include any one or more of the following: U.S. Passport, Driver’s License, School Photo ID, Native American Tribal Document, Military Card or Draft Record.

**AND**

One additional form of documentation which may include any one or more of the following: Marriage Decree, Divorce Decree, Court Order, Driver’s License, Certificate of U.S. Citizenship, *U.S. Social Security Card*, Birth Certificate.

**NAME CHANGE:**

Please Print **Former** Full Name:  

First  
Middle  
Last  

Please Print **New** Full Name:  

First  
Middle  
Last  

**SOCIAL SECURITY # CHANGE:**

**Correct** Social Security Number  

I certify that all the information listed above is true and accurate. I understand that I am responsible for any errors resulting from this change.

Student Signature: ____________________________ Date: ____________________________

*** Return this completed form to the Student Services Office ***

Itasca Community College is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon advance request by contacting Ann Vidovic in Disability Services, Donovan Hall 107 at 800-996-6422 ext 2433. Deaf and Hard of Hearing users or TTY communication contact the “Minnesota Relay Service at 711 or 1-800-627-3529.”

For official use only + +  

Entered in ISRS  
Updated in ImageNow  
IT Notified  

Picture ID must be provided  
**AND** one other form of ID  
*Original SSN card must be provided if changing SSN*  
(Photocopy for student file)

Staff signature: ____________________________ Date: ____________________________

09/11