

PERSONAL INFORMATION UPDATE

Change of Name, Address and/or Program Major

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NOTE: Tri-C employees must contact HR to update personal information.

Last Name _____ First Name _____ Middle Name _____

*Former Last Name _____

(*Legal documentation required: U.S. citizens must provide an updated Social Security card or proof of application for a new card. Non-citizens without a Social Security card must provide a passport and court documentation.)

Street Address _____

City _____ State _____ Zip _____ County _____

Change of address may not constitute a change in residency for tuition purposes. See **NOTE** below for additional information.

Date of Birth ____/____/____ Email _____

Home Phone (____) _____ Cell Phone (____) _____

>NOTE: If you are changing to a Cuyahoga County address from another county or another state, you must also complete a Petition for Change of Residency form, available on *my Tri-C space* under My Info or at any Enrollment Center. To change residency for tuition purposes, the petition must be submitted and approved by the end of the first week of the full term for which the change is requested.

I certify that the information I have provided herein is complete and correct in every respect. I understand that falsifying any part of this application may result in cancellation of registration. I agree to abide by the policies, rules and regulations of Cuyahoga Community College (Tri-C®). I will bear full responsibility for any consequences resulting from my failure to report a new address or name change. I understand that this document and all supporting documents become the property of the College and will not be returned to me or forwarded to another institution.

Change my program major for the following semester: **Fall** **Spring** **Summer** Year _____

Program Type

Associate Degree Program

Post-Degree Professional Certificate

One-Year Certificate of Proficiency

Short-Term Certificate

Program Name _____

Visit tri-c.edu/programs for a full list of programs.

Signature _____ Date _____

