

South Plains College Change or Correction of Records

(Only the person to whom these records belong may request changes)

me:			Student ID	:	
first	middle	last			
E-mail Address:			Date of Bir	th:	
*Change <u>local</u> address t	to:				
	street	city/state	zip	telephone #	
*Change permanent ad	ddress to:	city/state			
	street	city/state	zip	telephone #	
] Change name FROM	Last first		то		
	Last first	mi f =======	Last	first	mi
	(You must submit a copy of	t appropriate aocumentau	on in order to chang	ge your name.)	
Change social security	number FROMinco		TO		_
	inco nust submit a copy of your S				
Gender (You must subn	nit a copy of a state or fede	ral identity document in or	der to change your	gender.)	
Gender (You must subm		ral identity document in or		gender.) Daytime telephone numbe	r
Student s UBMIT COMPLETED I		Date PPLICABLE DOCUMEN	ITS TO:		 r
Student s UBMIT COMPLETED I dmissions@southpla	signature FORM ALONG WITH AI	PPLICABLE DOCUMEN our SPC email address	I TS TO: for processing.		r
Student s UBMIT COMPLETED I dmissions@southpla For office use on	FORM ALONG WITH AI	PPLICABLE DOCUMEN our SPC email address Social Security N	ITS TO: for processing.	Daytime telephone numbe	r
Student s UBMIT COMPLETED I dmissions@southpla For office use on *Current Resider	FORM ALONG WITH AI hinscollege.edu from yo	PPLICABLE DOCUMEN our SPC email address Social Security N *Requi	ITS TO: for processing.	Daytime telephone numbe	r