



GLENDALE COMMUNITY COLLEGE

# Request to Change Demographic Information

(Return this form to Enrollment Services)

**Change the following:**

Address  
Legal Name

Email  
Program Plan

Telephone Number  
Social Security Number

<b>Financial Aid Students</b>				
Which semester is the Program Plan change effective:	<b>Spring</b>	<b>Fall</b>	<b>Summer I</b>	<b>Summer II</b>

Student ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
Old New

Legal Name: \_\_\_\_\_  
Old New

Address: \_\_\_\_\_  
Street Address  
City, State, Zip

Telephone Number: \_\_\_\_\_  
Home Cell/Business

Email Address: \_\_\_\_\_

Program Plan: \_\_\_\_\_  
Title Plan Code

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



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Student ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
Old New

Legal Name: \_\_\_\_\_  
Old New

Address: \_\_\_\_\_  
Street Address  
City, State, Zip

Telephone Number: \_\_\_\_\_  
Home Cell/Business

Email Address: \_\_\_\_\_

Program Plan: \_\_\_\_\_  
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Student Signature \_\_\_\_\_ Date \_\_\_\_\_