

**Office Use Only**

Address Changed: _____
Name Changed: _____
Residency Changed: _____
Date: _____
Processor: _____

CHANGE OF INFORMATION REQUEST

(PLEASE PRINT CLEARLY)

This is a Change of: Name Address Gender

Proof of Identification: (Required for Name and Gender Change)

| | |
|--|--|
| <input type="checkbox"/> Social Security Card (Required if receiving federal or state aid) | <input type="checkbox"/> Divorce Decree |
| <input type="checkbox"/> Driver's License/State ID (Illinois only) | <input type="checkbox"/> Marriage License |
| <input type="checkbox"/> Legal Name Court Issued Documentation | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Medical Documentation |

Today's Date: _____ Check One: Student Alumni KC Staff
(Staff Return Form to HR)

Student/Staff ID#: _____ OR Social Security #: _____ Date of Birth: _____

Current Name: _____
(Last) (First) (Middle) (Maiden/Other)

New Legal Name: _____
(Last) (First) (Middle) (Maiden/Other)

New Preferred Name: _____

NEW PERMANENT ADDRESS: _____
(Mailing Address) (City) (State) (Zip) (County)

NEW PREFERRED ADDRESS: _____
(Mailing Address) (City) (State) (Zip) (County)

NEW GENDER: Male Female **NEW PHONE NUMBER:** _____

I am requesting that the information in my record be changed as shown above.

I understand that submission of a request reflecting an address that is outside of Community College District #501 will automatically change my Residency Classification to either Illinois Out-of-District Student or Out-of-State Student as appropriate.

I am also aware that a change from an address outside Community College District #501 to an address within Community College District #501 will require additional documentation to result in an Illinois In-District Residency Classification and that address changes from one In-District address to another In-District address will not require additional documentation.

With this in mind, I certify by my signature below that I am aware of the potential financial obligation associated with the requested change.

(Student Signature)

(KC ID Number)

(Date)

Return this form to: Registrar's Office, Kaskaskia College, 27210 College Road, Centralia, IL 62801

Effective September 1, 2010; Revised February 1, 2019