

**OFFICE OF THE REGISTRAR
Cedar Crest College
PERSONAL INFORMATION CHANGES**

Student ID Number: _____ Resident Commuter
or
Social Security No.: _____

Name: _____
Last First Middle Initial

CCC (traditional) LLL (lifelong learning) GR (graduate) Alumnae Other _____

Change is for: Student Parent or Guardian



Name Change*:
Change name to: _____

*Documentation must be provided as proof of legal name change.

Address Change
Change address to: _____
Street

City State Zip County

Phone Change
Change Phone to: (_____) _____



Effective date of change: _____

Signature: _____