

Visalia Campus, (A&R Room 107) 915 S. Mooney Blvd. Visalia, CA 93277 PH: (559) 730-3727 FAX: (559) 737-4883

Tulare College Center, (Building A) 4999 E. Bardsley Ave. Tulare, CA 93274 PH: (559) 688-3010 FAX: (559) 687-6294 PH: (559) 583-2500 FAX: (559) 584-1853

Hanford Educational Center, (The Hub) 925 13th Ave. Hanford, CA 93230

Official Student Demographic Change Form

Clearly print your name and SSN or Student Banner ID# as it appears on your COS records. (Parents of minor students **must** have written permission from the student to request changes.)

Student Name:				
	(Last)	(First)	(Middle)	
Date of Birth:// Social Security # or Banner ID #:				
Signature:	Handwritten Signature Re	Dat	te:	
(1	Handwritten Signature Re	quired)		
CHECK TYPE OF CHANGE REQUESTED:				
☐ Name:				Office Use Only
First and/or last name changes require social security card and one form of picture ID.				Processed:
(Last)	(First)	(Mi	iddle)	Date:
☐ Change in Social Security # from: to: to:				Processed:
Please present your Social Security Numb		d to the Admissions Offic	ce to add or correct	Date:
Correct (Birth Date):///				Processed:
☐ Directory Information Release? (Check one) ☐ Yes ☐ No				
Family Education and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) Directory information is the information the college is able to release regarding a student unless the student requests COS not to release it. Directory information includes information such as name, address, telephone, date and place of birth, honors and awards and dates of attendance.				Processed:
 Preferred First Name Request: Preferred first name request Do Not require social security card or a form of picture ID. Your preferred first name will appear on all official instructor rosters. Your official transcript will reflect your legal first name. 				Processed:
Preferred First Name:				
	(Pleas	se Print Clearly)		
Contact Phone Number:(Area Code + Number)				