Records Office
Nashville State Community College
120 White Bridge Road Nashville, TN 37209
Fax: 615-353-3302

Request for Change of Status
This form must be completed, SIGNED, and submitted to the Records Office to change existing student information.

Name: ______________________________________________________________________________________________________
Last     First     Middle

Student ID: _______________________ Day Time Phone Number: ______________________

Complete Only The Sections Which Are Applicable

1. Change of Address
Change to be made to: _____Local   _____Permanent   _____Both
Street Address: ______________________________________________________________________________________________
City: _______________________ State: _______________________ Zip Code: ______________________
County: _______________________ E-mail Address: _________________________________________________________________________________
Phone: Home (   ) _______________________ Office (   ) _______________________ Cell (   ) _______________________

2. Change of Name
Note: Documentation will be required to process a change of name. The following is a list of approved documents: Social Security Card, Passport, Marriage License, or Divorce Decree, or valid Drivers License.

I am currently under the name of: _________________________________________________________________________________
Change to: (PLEASE PRINT) _________________________________________________________________________________

3. Change of Social Security Number
Note: Documentation (Social Security Card) will be required to process a change of Social.

*W-9S form required with change of social security number. Form located in the Records Office or online at www.irs.gov

<table>
<thead>
<tr>
<th>Previous Social Security Number</th>
<th>New Social Security Number</th>
</tr>
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</table>

Students Signature: __________________________________________________________________________ Date: ______________________

Records Office Use Only
Change of Address Processed By: __________________________________ Date: ______________________
Change of Name Processed By: __________________________________ Date: ______________________
Change of Social Security Processed By: __________________________________ Date: ______________________

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