

Only Complete if advised too



Admissions/Records/Registrar
RECORD MAINTENANCE

Change: Name Address
Correct: DOB SSN/ITIN

Please print legibly.

STUDENT ID _____ PHONE NUMBER _____
NAME (Full legal name) _____
CURRENT ADDRESS _____
Street City State Zip
DATE OF BIRTH _____ EMAIL ADDRESS _____
Month/Day/Year
Signature _____ Date _____

Complete only the section below that applies to the change or correction you are making.

NAME CHANGE (Documentation matching current legal name is required for name changes.)
This change will require that your TCC WebAdvisor User ID be updated and your password reset to the last six (6) digits of your SSN.
Are you employed by TCC? Yes* No
*TCC full-time, part-time and student employees must present Social Security card.
Previous name (Full legal name) _____
Current name (Full legal name) _____

ADDRESS CHANGE (Documentation may be required for residency status changes.)
Current address (Street) _____ (Phone) _____
(City/State/Zip) _____ (County) _____

DATE OF BIRTH CORRECTION (Documentation is required for date of birth changes.)
Date of birth on record (Month/day/year) _____
Correct date of birth (Month/day/year) _____

SOCIAL SECURITY NUMBER (SSN) CORRECTION
(Documentation is required for Social Security Number changes.)
SSN on record _____
Correct SSN _____

INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER (ITIN)
(Documentation is required for Individual Taxpayer Identification Number addition/changes.)
ITIN on record _____
Correct ITIN _____
Tax regulations require TCC to report student ITINs on TCC's 1098T tuition statement if SSN is not provided.

SELECT THIS BOX IF YOU DECLINE TO OR CANNOT PROVIDE A SSN or TIN.

OFFICE USE ONLY

Drivers License SSN Card IRS Form W-7 Notification Court Order Marriage License Divorce Decree
 NE NW SO SE TR District DRUS Required: Yes (Name) No

Received by _____ Processed by _____ Processed by _____
Date _____ Date _____ Date _____