J.F. Ingram State Technical College

Change of Information

PLEASE PRINT IN BLACK INK

Date of Request: _____

Directions to Applicant: Complete form and return to the Student Services office. This form must be processed during the pre-registration period. The Alabama State Board of Education Policy is that only one program-to-program change per incarcerated student is permitted, excluding adult literacy and other remedial education courses.

_____
Last Name First Middle/Maiden

_____ _____ _____
Social Security Number AIS Number Correctional Facility

CHANGE OF ADDRESS / RESIDENCY

Old address: _____
Street/P.O. Box

_____ _____ _____ _____ _____
City State Zip Code County Telephone #

New address: _____
Street/P.O. Box

_____ _____ _____ _____ _____
City State Zip Code County Telephone #

NAME / SOCIAL SECURITY NUMBER CHANGE

Previous Number:_____/____/_____

Previous Name: _____

Correct Number:_____/____/_____

Current Name: _____

_____
Student's Signature Date

_____
Advisor's Signature Date

_____
Student Services Representative Date

_____
Dean of the College Approval Date

Keyed by/Date: _____