

## NOTIFICATION OF CHANGE

VWCC Records Office • 3094 Colonial Ave., SW • Roanoke, VA 24015-4704  
Email: records@virginiawestern.edu / Fax: 540-857-6102

Name: \_\_\_\_\_ Change of:  Address  
Empl ID: \_\_\_\_\_  Phone #  
Last 4 of your Social Security Number: \* XXX-XX- \_\_\_\_\_  Name  
Please add or correct my social security number\*\*  SSN  
 E-Mail  
 Remove Information Release Authorization

\* See Privacy Statement which can be obtained in the Admissions/Records Office.

Within the last two years, have you been an employee at any Virginia Community College in a staff, faculty, adjunct, student employee, or work study capacity?  Yes  No If you answered "Yes" to this question, it is important that you also contact the Human Resources Office at the college of your employment to notify them of the change(s) that you are making by way of this form.

**Please complete only the areas in which a change is being made.**

### ADDRESS CHANGE

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip Code: State: \_\_\_\_\_ Zip: \_\_\_\_\_  
City or County: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
(Home) (Cell) (Business)  
E-Mail Address: \_\_\_\_\_

### NAME CHANGE \*\*

Previous Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)  
New Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)

### SOCIAL SECURITY NUMBER CHANGE/UPDATE \*\*

Correct Social Security Number: \_\_\_\_\_

**\*\* College policy requires documentation for changes to your SSN (new SSN card) or a change of name (driver's license, SSN card, or court papers reflecting your new name).**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Records Office Only:  
Out of State  Code: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_