

NASHUA COMMUNITY COLLEGE
OFFICE OF THE REGISTRAR
505 Amherst Street, Nashua, NH 03063
Fax: (603) 883-1636 Email: NCCRegistrar@ccsnh.edu

<u>OFFICE USE ONLY</u>
Date Processed: _____
Processed By: _____

CHANGE OF PERSONAL INFORMATION

PLEASE PRINT CLEARLY

Name: _____ Student ID: A _____

New Name: _____ Effective Date: _____

Preferred Name: _____ (i.e. Legal Name: Elizabeth, Preferred Name: Beth/Liz/Betty, etc.)

MUST PROVIDE PROOF OF NAME CHANGE. (i.e. Social Security Card, Driver's License, Marriage License, etc.)

Personal Email Address: _____

OLD ADDRESS:

Phone# (_____) _____ - _____

NEW ADDRESS:

Phone# (_____) _____ - _____

Address Effective Date: ____/____/____

Address Change is: ___ Temporary ___ Permanent

Student Signature: _____ Date: ____/____/____