Enrollment Services
2500 Carlyle Ave., Belleville, IL 62221
866-942-SWIC (7942) • 618-235-2700
Email: enrollmentservices@swic.edu
Fax: 618-222-9768

Data Change Form

Note: If you are also an employee of the college, please contact the Human Resources Office.

Please Print in Black /Blue Ink Only

Student ID # _____-_____-_____ OR Social Security Number _____-_____-_____

Name_____ Date_____ Phone_____
As it currently appears on SWIC records

☐ NAME CHANGE

Call ext. 5281, if you have questions.

FROM: _____
Last Name First Name Middle Name/Initial

TO: _____
Last Name First Name Middle Name/Initial

Proof of legal name change <u>must</u> accompany this form for the change to be made. (See Back Page)

☐ ADDRESS CHANGE

Call ext. 5660 or 5655, if you have questions.

FROM: _____
Street City State Zip

TO: _____
Street City State Zip

If Residency Status is changing or there is a Proof of Residency or Mail Return Restriction, student <u>must</u> attach Proof of Residency documentation for change to be made. (See Back Page)

☐ SOCIAL SECURITY NUMBER CHANGE

Call ext. 5281, if you have questions.

Incorrect Social Security Number **Correct Social Security Number**

_____-_____-_____ _____-_____-_____

Please attach a copy of your Social Security Card for the change to be made.

I certify that the above statements are correct and complete and that there is no intent on my part to defraud. I further state that the information currently on record and the information requested to change above are for one and the same person. I also understand that I must provide the required documentation.

Student Signature Required_____
By signing I request the changes as indicated to my SWIC records.

Email signed form and required documentation to enrollmentservices@swic.edu

Office Use Only:

Location: BC ___ ESLCC___ RBC ___ SAFB __ SWGCC ___ Processed By: Initials _____Date _____

SEE BACK PAGE

NAME CHANGE: (questions, call 618-235-2700, ext. 5281)

Please attach a VALID copy of your Social Security Card verifying your legal name change.

Additional documentation is required for reasons marked below.
Check one:

- ☐ Marriage (attach copy of marriage license)
- ☐ Divorce (attach copy of portion of divorce decree pertaining to name change)
- ☐ Court Action (attach copy of legal document)
- ☐ Other_____(Administrative Approval Required)

RESIDENCY CHANGE (questions, call 618-235-2700, ext. 5660 or 5655)

Please attach a VALID copy of one of the following verifying your Residency Change:
(if necessary please check one):

- ☐ Driver's License/State ID
- ☐ Bank Statement
- ☐ Pay Stub
- ☐ Utility Bill
- ☐ Other _____(Administrative Approval Required)
- ☐ None

Residency/Tuition Impact Statement

Residency is based on your permanent **home address**. Proof of residency (dated at least 30 days prior to the start of your classes) must be provided to Enrollment Services in order to establish your tuition rate. Failure to provide proof of residency will result in an out-of-state tuition rate.