

# BIOGRAPHICAL DATA CHANGE

Please Complete Appropriate Section

\_\_\_\_\_  
Brazosport College Student ID Number

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

## ADDRESS CHANGE

Complete the following if you have changed your address, telephone number, or email.

**If moving from out-of-district to in-district you must provide proof that you live in Brazosport College's taxing district.**

**Documentation provided must be under the Student's Name.  
Examples: Ownership of Property, Utility Bills, Lease, and/or Driver's License**

Last Name	First Name	Middle
NEW – Street Address (May not be a P.O. Box)	City	State
	Zip	County
Mailing (if different from Street Address)	City	State
	Zip	County
Cell Telephone Number	Home Telephone Number	Work Telephone Number
E-Mail Address: _____		

**I certify that this information is true and correct.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SOCIAL SECURITY NUMBER CORRECTION

Complete the following if you need to correct your  
Social Security Number

**Signed Original Documentation Required**

Last Name	First Name	Middle Name
Correct Social Security Number		
Incorrect Social Security Number		

**I certify that this information is true and correct.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## NAME CHANGE

Complete the following if you have changed your  
name since last attending Brazosport College

**Attach documentation of legal change  
Original Documentation Required  
(marriage license, court order, divorce decree)**

Legal Last Name
Legal First Name
Legal Middle Name
Previous Last Name

**I certify that this information is true and correct.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY:	ADDRESS	INIT	SSN	INIT	NAME	INIT	DATE
Student File							
Imaging							