

DO NOT FAX

PERSONAL INFORMATION CHANGE FORM

Name Change

Directions:

1. Fill in information at right.
2. Attach a copy of your photo ID. (Your photo ID name must match the document in #3.)
3. Attach a copy of the document that demonstrates your legal name change.
4. Submit in person at the Student Connection.
5. OR mail to:
WCC PO Box 1610
Ann Arbor, 48106
Attn: Registrar
Room SC203



Name Change

WCC ID or SSN _____

Former Name _____

New Name _____

Documents to include:

PHOTO ID (REQUIRED)

Plus one of the following

Court Order/Decree

Divorce Documents

Marriage License

* Please DO NOT SUBMIT ORIGINALS. WCC will retain all documents presented.

SSN Change

Directions:

1. Fill in information at right.
2. Attach a copy of your photo ID. (Your photo ID name must match the document in #3.)
3. Attach a copy of the document that demonstrates your social security number change.
4. Submit in person at the Student Connection.
5. OR mail to:
WCC PO Box 1610
Ann Arbor, 48106
Attn: Registrar
Room SC203



SOCIAL SECURITY NUMBER CHANGE

WCC ID _____

NAME _____

Former SSN _____

New SSN _____

Documents to include:

Photo ID (REQUIRED)

Plus one of the following

Social Security Administration Letter

New Social Security Card

* Please DO NOT SUBMIT ORIGINALS. WCC will retain all documents presented.