



Student Records Change Form

CVCC Office of Admissions & Records

3506 Wards Road ▪ Lynchburg, VA 24502-2498

Phone: 434-832-7633 ▪ Fax: 434-832-7793

Student Name: _____

Empl ID#: _____

Social Security #: _____

Change of: Address

Phone

Name

SSN

E-mail

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

Address/Phone/E-mail Changes

New Mailing Address: _____

New City: _____

New State: _____ New Zip: _____

New City or County: _____

New Phone Number(s): _____ / _____
(Home) (Cellular)

New E-Mail Address: _____

Name Changes

** Records must have a copy of driver's license or valid photo ID to change names. If you do not have a valid ID we must have copy of divorce decree, marriage certificate or legal documentation.

Previous Name: _____ / _____ / _____
(Last) (First) (Middle)

New Name: _____ / _____ / _____
(Last) (First) (Middle)

SSN Changes

**College policy requires documentation for changes to your SSN# (copy of SSN card)

Previous Social Security#: _____ New Social Security #: _____

Student Signature

Date

Records Office Use only:

IDs/Documents Verified Corrected in System Staff Initials: _____ Date entered: _____