Oakton Community College

Enrollment Center
1600 E. Golf Rd., Des Plaines, IL 60016, 847-635-1700, Fax 847-635-1706
7701 N. Lincoln Ave., Skokie, IL 60077, 847-635-1400, Fax 847-635-1497

Request to Change Student Record Information

I am a *(check all that apply)* : ❑ Student ❑ Student Employee ❑ International Student (F1)

Name _____ Student ID No. B_____
Last *First* *MI*

E-mail _____ Phone _____

I am requesting the following changes to my record:

ADDRESS CHANGE

NOTE: It is necessary to have the correct address and phone number for your college records. **If you have moved to an in-district address, you must validate your new address with either a current Illinois driver's license or state ID card.**

Old Address _____

New Address_____

New Phone_____

RECORD CHANGE

Indicate the change you are requesting and the reason for the change (i.e. change in name, Social Security number, birth date, and visa status). **Enclose copy of necessary documentation.**

Reason for change:_____

Name Change: From_____ To _____

Social Security Number _____ Birth Date _____

Visa Status _____ Other_____

Do you want your login ID and e-mail changed to reflect the new name? ❑ Yes ❑ No

(Login ID and campus e-mail accounts are created based on the first initial of first name and the first seven letters of last name.)

_____ _____
Signature of Student Date

Signature is required in order to process request.

FOR OFFICE USE ONLY

Type of document _____ Accepted by _____

Processed by _____ Date changed _____