

Three Rivers College

THE COMMUNITY COLLEGE OF SOUTHEAST MISSOURI

Change of Personal Information

Information to be changed:

Name*

Address

Phone Number

Update All Information

*Copy of marriage license, divorce decree, or court order must be provided for all name changes

Name: _____
First Middle Last Maiden/Former

Mailing Address: _____
Street City State Zip

Phone Number(s): _____
Home Cell

Student Signature: _____ Student ID# _____

Office Use Only

Staff: _____

Date: _____