

CHANGE OF NAME AND/OR ADDRESS FORM

Jackson State Community College
Records Office
2046 North Parkway
Jackson, TN 38301-3797
Fax (731) 425-2653 Phone (731) 425-2654

Name: _____

(Please Print)

Social Security #: _____

Please Change my Name. (Legal documentation required)		
From: _____	_____	_____
Last	First	Middle
To: _____	_____	_____
Last	First	Middle

Please Change my Social Security Number. (We MUST have a copy of your social security card to complete this request.)	
From: _____	To: _____

CHECK ALL THAT APPLY

- Please change my:**
- Permanent Address**
 - Billing Address**
 - Local Address**

From: _____
Mailing Address

City State Zip County
To: _____
Mailing Address

City State Zip County

Telephone Number Change.
From: _____
To: _____

Signature: _____
(REQUIRED BY FEDERAL LAW)

Today's Date: _____