

**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)  
J# OR  
Social Security #: \_\_\_\_\_

**Please Change my Name. (Legal documentation required)**

From: \_\_\_\_\_  
Last First Middle

To: \_\_\_\_\_  
Last First Middle

Telephone Number (Required) \_\_\_\_\_

**Two forms of Identification required. Ex: Marriage License, Birth Certificate, NEW Social Security Card, New Driver's License. You will be contacted once all changes have been made to your student account.**

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

From: \_\_\_\_\_ To: \_\_\_\_\_

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: \_\_\_\_\_