

Ventura County Community College District REQUEST TO CHANGE PERSONAL INFORMATION

(Photo ID and Documentation Required)

Last Student ID #		First Phone No		ddle	-
CHANGE OF SOC or TIN card/documenta		MBER/TAXPAYER	ID NUMBER	(Provide social	l security
Old Social Security Number		New Social Security Number			_
STAFF ONLY:	SSN card	TIN card	Other		
CHANGE OF ADD	RESS (Provide pictur	e ID card that verifie	s address)		
Old Legal Address:	Number/Street	City	State	Zip	
New Legal Address:	Number/Street	City	State	Zip	
New Mailing Address (if	different from legal add	lress):			
Nu	Number/Street		State	Zip	
Old Name:		New Name:			
CHANGE OF PERSO				nt to your "@my.v	cccd.edu"
email) Old Email:	New Emai	il:			
Request for Student		·	•	ividual taypayar i	idantification
number. I do not plan to fil			y number of mai	ividuai taxpayei i	dentification
☐ I do not wish to provide subject to an IRS fine of \$5 filed by Oxnard College to number.	50 for failure to do so. I for	urther understand that the	e IRS will not be	able to use the F	Form 1098-T
I certify under penalty of knowledge.	perjury that the informa	ation provided above is	true and accur	ate to the best of	of my
Student Signature		Date			
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