



## Student Data Change

Please use blue or black ink.

Student ID Number						OR	Social Security Number							

Last Name	First Name	MI

**Name Change**-- Due to COVID-19/campus closure, requests may be temporarily submitted via ACCmail. Scan copy of original documentation and submit with SDC form. Acceptable documentation is listed on back of form. The student is responsible for changing name with BankMobile.

Name last enrolled under if different from above:
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**Social Security Number Change**--Due to COVID-19/campus closure, requests may be temporarily submitted via ACCmail. Scan copy of original social security card (in color) and submit with SDC form.

<input type="checkbox"/> SSN or alternative ID number listed incorrectly on ACC records <input type="checkbox"/> New/Changed SSN or alternative ID number	Incorrect # _____ Student # _____ Correct # _____ Student # _____
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**Date of Birth Change**--Due to COVID-19/campus closure, requests may be temporarily submitted via ACCmail. Scan copy of original documentation and submit with SDC form. Acceptable documentation is listed on back of form.

Date of Birth									
		/			/				

**Change of Address**--Due to COVID-19/campus closure, requests may be temporarily submitted via ACCmail. This address will be used by ACC to mail all correspondence to students and to determine in-district or out-of-district residency for tuition purposes. All P O Boxes are out-of-district. Proof of in-district address is required. Scan copy of original documentation and submit with SDC form. Acceptable documentation is listed on back of form.

Street Address			Phone Number		
			Home: _____		
City			Work: _____		
State		Zip Code	Cell: _____		
			<b>A &amp; R Office Use Only</b>		

Signature of Student *(if emailed, type your name here)* \_\_\_\_\_ Date \_\_\_\_\_  
**ALERT:** If emailed your signature may be required when campus operations resume.

Received by: \_\_\_\_\_ Campus \_\_\_\_\_ Date \_\_\_\_\_  
 Staff Member Initials

Hold(s) Removed:	Coded:
Changed by: (Staff Initials)	Date:
Audited by: (Staff Initials)	Date:

# ALL FORMS OF DOCUMENTATION MUST BE VALID

## Proof of Social Security Number

- Social Security Card

An A&R staff member will attach a copy of the original card to the completed form.

## Proof of Date of Birth

One of the following:

- Driver's License or State ID  
 US Government Issued ID  
 Passport  
 Birth Certificate

An A&R staff member will attach a copy of the original documentation to the completed form.

## Proof of Name

A government issued photo ID or driver's license and one of the following:

- Certificate of Naturalization  
 Divorce Decree  
 Marriage Certificate  
 Court documentation of legal name change

An A&R staff member will attach a copy of the original documentation to the completed form.

## Proof of Address

One of the following:

- Current Rental Lease\* - Student must be leaseholder or listed as occupant  
 Property Deed  
 Current Utility Bill (Electric, Water, Gas, Landline telephone) - Student must be account holder or listed on the account  
 Current Cable Bill or Home Internet Service Bill - Student must be account holder or listed on the account  
 Property Tax Statement  
 Affidavit of Address\*\*

\*The entire signed lease must be presented to A&R office.

\*\*Student's Texas driver's license must reflect address on Affidavit. Original Affidavit may not be faxed.

Name, SSN, DOB and Address changes may be submitted via ACCmail at [student.records@austincc.edu](mailto:student.records@austincc.edu)  
Students may continue to mail completed forms and copies of the documentation to ACC Admissions & Records, P. O. Box 15306, Austin, TX 78761-5306. A copy of a photo ID must accompany your emailed or mailed request.