

Reid State Technical College

UPDATE RECORDS FORM

Please Print

PRINT NAME _____

STUDENT # OR SSN # _____ DATE OF BIRTH _____

CHANGE OF NAME

New Name
Previous Name(s) Used On Our Records

CHANGE OF ADDRESS/PHONE NUMBER/EMERGENCY CONTACT

Address City State Zip
County Phone No.
Emergency Contact Person Phone No.

CHANGE OF PROGRAM

Program Entering/Option
Semester Spring _____ Summer _____ Fall _____ 20 _____

COLLEGES/UNIVERSITIES ATTENDED

Please list all Colleges/Universities attended since last enrollment at Reid State

STUDENT SIGNATURE _____ DATE _____

OFFICE USE ONLY: Entered By _____ Date Entered _____